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|  Innovative Workforce Solutions <small>A proud partner of the AmeriCorps Jobcenter network</small> | <i>Effective Date:</i> 09/10/21 | <i>Type:</i> X Policy Procedure | Page 1 of 5 |
| | <i>Revised Date:</i> 08/30/21 | <i>Section #:</i> 900 - Governance | |
| Phoenix Business and Workforce Development Board (approval authority) | <i>Date Approved:</i> 09/09/21 | <i>Subject # & Title:</i> .903 WIOA Data Validation Policy | |

I. APPLICABILITY/SCOPE

This policy applies to all Workforce Innovation and Opportunity Act (WIOA) Title I-B staff, contractors and subrecipients delivering workforce development Adult, Youth, and Dislocated Worker programs and services under ARIZONA@WORK City of Phoenix.

II. PURPOSE

The purpose of the Phoenix Business and Workforce Development (PBWD) Board Data Validation Policy is to provide guidance and instructions on the **quarterly** Arizona Department of Economic Security (DES) WIOA data validation process as it applies to all WIOA ARIZONA@WORK City of Phoenix staff, contractors and subrecipients for Adult, Dislocated Worker and Youth programs.

III. BACKGROUND

Data validation is a series of internal controls or quality assurance techniques established to verify the accuracy, validity, and reliability of data. This PBWD Board policy is issued pursuant to the DES responsibilities as the state grant recipient of Title I funds from the U.S. Department of Labor (DOL), to develop policies and procedures to ensure data submitted by service providers of the PBWD Board to DES are valid and reliable.

IV. DEFINITIONS

Arizona Job Connection (AJC) – is a database used to collect and report on the participation cycle of eligible Adults, Youth and Dislocated Workers who receive WIOA funded services administered by the Arizona Department of Economic Security.

Exit – is the last date of service for a Participant.

LWDA – Local Workforce Development Area designated by the Arizona Governor to receive WIOA funding from U.S. DOL.

Participant - an eligible applicant who has received at least one participation service on or after the date the applicant was determined eligible.

V. POLICY

A. Responsibilities:

DES is responsible for the following:

1. Develop and distribute data validation procedures as described in the [DES WIOA Data Validation Procedures](#) (ATTACHMENT B);
2. Develop and distribute the [DES Data Validation Checklist](#) (ATTACHMENT A) which identifies the items required for data validation and the source documents for each item;
3. Providing training on data validation procedures annually to the PBWD Board and service provider staff, which includes feedback from previous data validation reviews, with additional technical assistance as needed to the PBWD Board and service providers;
4. Conducting quarterly data validation, as described in [DES WIOA Data Validation Policy Section 1500](#), which includes:
 - a. Establishing a schedule of desk reviews of data to be reviewed for validation;

- b. Identifying the records to be reviewed from each LWDA Through random sampling;
- c. Sending a notice to the PBWD Board staff two (2) days prior to the desk review to inform the PBWD Board staff of the list of participants (active and exited) selected for data validation sampling;
- d. Reviewing data in selected files (sample size TBD);
- e. Issuing a report of findings during the review as indicated in the **DES Data Validation Procedures** (ATTACHMENT B);
- f. Ensuring the state data and reporting system is accurately capturing and processing the data entered by local workforce areas; and
- g. Ensuring that all data reports are readily available to the PBWD Board to ensure the ability for ongoing validation of data entry.

WIOA PBWD Board staff, contractors and subrecipients are responsible for the following:

1. Follow established data validation policies and procedures:
 - a. To ensure data submitted to DES are valid and reliable staff, contractors and subrecipients will refer to the requirements in the ARIZONA@WORK City of Phoenix [400.407 Performance Measures Policy](#), [300.301 Youth Program Policy](#) and [200.201 Basic Career Services Policy](#); and
 - b. To provide safeguards to protect personal identifiable information and other sensitive information found on the source documents collected for data validation, as instructed in [TEGL 39-11](#).
2. PBWD Board staff will ensure appropriate staff receive all DES communications regarding data validation reviews in a timely manner;
3. ARIZONA@WORK City of Phoenix staff, contractors and subrecipients will ensure appropriate staff receive data validation training annually, which includes feedback from prior data validation reviews;
4. ARIZONA@WORK City of Phoenix staff, contractors and subrecipients will collect source documentation required for data validation as indicated on the **DES Data Validation Checklist** (ATTACHMENT A);
5. ARIZONA@WORK City of Phoenix staff, contractors and subrecipients will ensure DES staff have access to source documentation for all participants selected for data validation sampling; and
6. PBWD Board staff will work with ARIZONA@WORK City of Phoenix staff, contractors and subrecipients to correct data validation errors identified during the DES review within the timeframe indicated in the DES data validation report.

B. Compliance and Corrective Action

Failure to correct errors (2% per file) identified by DES by the date indicated in the DES report will result in the imposition of corrective action against the PBWD Board. Such corrective action may include, but is not limited to:

1. Training and technical assistance from DES to the PBWD Board and/or service provider staff to resolve the error(s);
2. Data validation reviews of the PBWD Board and/or service provider by DES in addition to the regular data validation review; and

3. After exhaustion of informal resolution, determination of Substantial Violation as stated in the [DES Section 1300 Substantial Violation, Sanctions, Decertification and Reorganization Policy](#).

VI. POLICY MANAGEMENT REQUIREMENTS

Administrative revisions to the policy may be made by the Phoenix Business and Workforce Development (PBWD) Board Executive Director, with notice to the PBWD Board's Executive Leadership Committee. All other substantive revisions will go to the PBWD Board's Executive Leadership Committee for review and recommendation to the PBWD Board for approval.

VII. ADDITIONAL OR MISCELLANEOUS INFORMATION

ATTACHMENT A: [Exhibit 1500b-DES WIOA Title IB Data Validation Checklist](#)

ATTACHMENT B: [DES WIOA Title IB Data Validation Procedures](#)

ATTACHMENT C: [WIOA Title IB Eligibility Checklist](#)

[DES WIOA Data Validation Policy Section 1500](#)

[ARIZONA@WORK City of Phoenix 200.201 Basic Career Services Policy](#)

[ARIZONA@WORK City of Phoenix 300.301 Youth Program Policy](#)

[ARIZONA@WORK City of Phoenix 400.407 Performance Measures with Attachments](#)

Section 116 of Workforce Innovation and Opportunity Act (WIOA) of 2014 ([P.L. 113-128](#))

20 CFR [§ 683.220](#), 29 CFR [§ 97.42](#)

Training and Employment Guidance Letters (TEGL) [39-11](#), [7-18](#), and [23-19](#)

DATA VALIDATION CHECKLIST

| CRITERIA | <p>ACCEPTABLE VERIFICATION AND DOCUMENTATION <u>Only one document from this column per eligibility criterion is required, unless otherwise stated.</u></p> <p>* Documentation must be collected prior to providing individualized or training services to participants in the WIOA Title I-B Adult or Dislocated Worker (DW) programs and prior to enrollment for participants in the WIOA Title I-B Youth program unless otherwise noted differently.</p> <p>Source Documentation is from TEGL 23-19</p> | ADULT | DW | YOUTH |
|--|---|-------|----|-------|
| <p>★ <i>DO Not upload documents into the AJC System if the SSN is listed - Case manager, enter a note as visually verified.</i></p> <p>★ <i>Any Personal Identifiable Information (PII) must be stored properly and handled with extreme care!</i></p> <p>★ <i>If self-attestation is listed as one of the acceptable methods of verification, case managers should not be using it as the main resort but use it when it is most appropriate for the participant under the current circumstances.</i></p> | | | | |
| <p>DATE OF BIRTH (Element 200)</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Baptismal Record (if date of birth is shown) <input type="checkbox"/> Birth Certificate <input type="checkbox"/> DD-214 <input type="checkbox"/> Report of Transfer or Discharge Paper <input type="checkbox"/> Federal, State or Local Identification Card (i.e., Driver License, Identification, Tribal Records that shows birthdate) <input type="checkbox"/> Passport (showing date of birth) <input type="checkbox"/> Hospital Record of Birth <input type="checkbox"/> Public Assistance/Social Service Records (if name and DOB is shown) <input type="checkbox"/> School Records or school ID Cards (if name and DOB is shown) <input type="checkbox"/> Work Permit that shows birthdate <input type="checkbox"/> Family Bible that shows birthdate | X | X | X |
| <p>INDIVIDUAL WITH A DISABILITY (Element 202)</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Self-Attestation <input type="checkbox"/> School 504 Records Provided by Student <input type="checkbox"/> Assessment Test Results | X | X | X |

DATA VALIDATION CHECKLIST

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| <p>ELIGIBLE VETERAN STATUS (Element 301)</p> <p><input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A</p> | <p><i>Require only if participant received Individualized Career Services or Training Services</i></p> <p><input type="checkbox"/> DD-214 <input type="checkbox"/> Cross-match with Department of Defense Records <input type="checkbox"/> Cross-match with Veterans Service Database <input type="checkbox"/> A Letter from the Veterans' Administration</p> | <p>X</p> | <p>X</p> | <p>n/a</p> |
| <p>UI ELIGIBLE STATUS (Element 401)</p> <p><input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A</p> | <p><input type="checkbox"/> Cross-match to State UI Database <input type="checkbox"/> Cross-match to State MIS Database <input type="checkbox"/> Referral Transmittal by RESEA or WPRS <input type="checkbox"/> Self-Attestation for Code Values 3 and 4 only (3 = Claimant Not Referred by RESEA or WPRS 4 = Exhaustee)</p> | <p>X</p> | <p>X</p> | <p>n/a</p> |
| <p>LONG-TERM UNEMPLOYMENT AT PROGRAM ENTRY (Element 402)</p> <p><input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A</p> | <p><input type="checkbox"/> Self-Attestation <input type="checkbox"/> Public Assistance Records <input type="checkbox"/> Refugee Assistance Records <input type="checkbox"/> Cross-match with Public Assistance Database <input type="checkbox"/> Cross-match to State UI Database</p> | <p>X</p> | <p>X</p> | <p>n/a</p> |
| <p>SCHOOL STATUS AT PROGRAM ENTRY (Element 409)</p> | <p><input type="checkbox"/> Results from Cross-match with Postsecondary Education Database <input type="checkbox"/> Copy of Educational Institution Enrollment Record <input type="checkbox"/> Applicable Records from Education Institution (GED certificate, diploma, attendance record, transcripts, report card, or school documentation) <input type="checkbox"/> Signed Intake Application or Enrollment Form <input type="checkbox"/> Electronic Records (in the AJC System) <input type="checkbox"/> Self-Attestation</p> | <p>X</p> | <p>X</p> | <p>X</p> |
| <p>DATE OF ACTUAL DISLOCATION (Element 410)</p> <p><input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A</p> | <p><input type="checkbox"/> Verification from Employer <input type="checkbox"/> Rapid Response List <input type="checkbox"/> Notice of Layoff <input type="checkbox"/> Public Announcement with Follow-Up cross-match with UI Database <input type="checkbox"/> Self-Attestation</p> | <p>X</p> | <p>X</p> | <p>n/a</p> |

DATA VALIDATION CHECKLIST

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| <p>TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF) (Element 600)</p> <p><input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A</p> | <p><i>Required only if participant has received Individualized Career or Training Services</i></p> <p><input type="checkbox"/> TANF Eligibility Verification <input type="checkbox"/> TANF Period of Benefit Receipt Verification <input type="checkbox"/> Referral Transmittal from TANF <input type="checkbox"/> Cross-Match with TANF Public Assistance Records</p> | <p>X</p> | <p>X</p> | <p>n/a</p> |
| <p>EXHAUSTING TANF WITHIN 2 YEARS (Part A Title IV of the Social Security Act) at Program Entry) (Element 601)</p> <p><input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A</p> | <p><i>Required only if participant has received Individualized Career or Training Services</i></p> <p><input type="checkbox"/> TANF Eligibility Verification <input type="checkbox"/> TANF Period of Benefit Receipt Verification <input type="checkbox"/> Referral Transmittal from TANF <input type="checkbox"/> Cross-match with TANF Public Assistance Records</p> | <p>X</p> | <p>X</p> | <p>n/a</p> |
| <p>SUPPLEMENTAL SECURITY INCOME (SSI)/SOCIAL SECURITY DISABILITY INSURANCE (SSDI) (Element 602)</p> <p><input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A</p> | <p><i>Required only if participant has received Individualized Career or Training Services</i></p> <p>★ <i>Don't upload documents into AJC if the SSN is listed - Case manager, enter a note as visually verified.</i></p> <p><input type="checkbox"/> SSI/SSDI Receipt of Benefits Verification <input type="checkbox"/> Referral Transmittal from SSA <input type="checkbox"/> SSI/SSDI Eligibility Verification <input type="checkbox"/> Cross-match with SSA Database</p> | <p>X</p> | <p>X</p> | <p>n/a</p> |
| <p>SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) (Element 603)</p> <p><input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A</p> | <p><i>Required only if participant has received Individualized Career or Training Services</i></p> <p><input type="checkbox"/> SNAP Eligibility Verification <input type="checkbox"/> Copy of Authorization to Receive Food Stamps (also known as SNAP) <input type="checkbox"/> Documentation of Food Stamp Benefit Receipt (also known as SNAP) <input type="checkbox"/> Referral Transmittal from SNAP <input type="checkbox"/> Cross-match with SNAP Public Assistance Records</p> | <p>X</p> | <p>X</p> | <p>n/a</p> |
| <p>OTHER PUBLIC ASSISTANCE RECIPIENT (Element 604)</p> | <p><input type="checkbox"/> Copy of Authorization to Receive Cash Public Assistance <input type="checkbox"/> Copy of Public Assistance Check <input type="checkbox"/> Medical Card Showing Cash Grant Status</p> | <p>X</p> | <p>X</p> | <p>n/a</p> |

WIOA TITLE I-B Adult/Dislocated Worker/Youth Programs

DATA VALIDATION CHECKLIST

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| <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A | <input type="checkbox"/> Public Assistance Eligibility Verification <input type="checkbox"/> Cross-match with Refugee Assistance Records <input type="checkbox"/> Cross-match with Public Assistance Records <input type="checkbox"/> Cross-match with State MIS Database | | | |
| PREGNANT OR PARENTING YOUTH (Element 701) <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A | <input type="checkbox"/> Self-Attestation <input type="checkbox"/> Case Notes <input type="checkbox"/> Needs Assessment <input type="checkbox"/> Women, Infants, and Children (WIC) Eligibility Verification <input type="checkbox"/> TANF Single Parent Eligibility Verification <input type="checkbox"/> Signed Intake Application or Enrollment Form <input type="checkbox"/> Signed Individual Service Strategy | n/a | n/a | X |
| YOUTH WHO NEEDS ADDITIONAL ASSISTANCE (Element 702) <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A | <input type="checkbox"/> Self-Attestation <input type="checkbox"/> Signed Intake Application or Enrollment Form <input type="checkbox"/> Case Notes <input type="checkbox"/> Needs Assessment <input type="checkbox"/> Signed Individual Service Strategy | n/a | n/a | X |
| FOSTER CARE YOUTH STATUS AT PROGRAM ENTRY (Element 704) | <input type="checkbox"/> Written Confirmation from Social Services Agency <input type="checkbox"/> Case Notes (in the program or enrollment notes within the AJC system) <input type="checkbox"/> Self-Attestation <input type="checkbox"/> Foster Care Agency Referral Transmittal <input type="checkbox"/> Signed Intake Application or Enrollment Form <input type="checkbox"/> Needs Assessment <input type="checkbox"/> Signed Individual Service Strategy (ISS) | X | X | X |
| HOMELESS PARTICIPANT, HOMELESS CHILDREN AND YOUTHS, OR RUNAWAY YOUTH AT PROGRAM ENTRY (Element 800) | <input type="checkbox"/> Self-Attestation <input type="checkbox"/> Signed Intake Application or Enrollment Form <input type="checkbox"/> Written Statement or Referral Transmittal from a Shelter or Social Service Agency <input type="checkbox"/> Needs Assessment <input type="checkbox"/> Case Notes (in the program or enrollment notes within the AJC system) <input type="checkbox"/> Signed Individual Service Strategy (ISS) <input type="checkbox"/> A letter from caseworker or support provider | X | X | X |
| EX-OFFENDER STATUS AT PROGRAM ENTRY (Element 801) | <input type="checkbox"/> Documentation from the Juvenile or Adult Criminal Justice System <input type="checkbox"/> Written Statement or Referral Document from a Court or Probation Officer <input type="checkbox"/> Referral Transmittal from a Reintegration Agency <input type="checkbox"/> Signed Intake Application or Enrollment Form <input type="checkbox"/> Case Notes (in the program or enrollment notes within the AJC system) | X | X | X |

DATA VALIDATION CHECKLIST

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| | <ul style="list-style-type: none"> <input type="checkbox"/> Needs Assessment <input type="checkbox"/> Self-Attestation <input type="checkbox"/> Signed Individual Service Strategy (ISS), and/or Individual Employment Plan (IEP) <input type="checkbox"/> Federal Bonding Program Application | | | |
| <p>LOW INCOME STATUS AT PROGRAM ENTRY (Element 802)</p> | <ul style="list-style-type: none"> ★ <i>Don't upload documents into AJC if the SSN is listed - Case manager, enter a note as visually verified</i> <input type="checkbox"/> Award Letter from Veteran's Administration <input type="checkbox"/> Bank Statements <input type="checkbox"/> Pay Stubs <input type="checkbox"/> Compensation Award Letter <input type="checkbox"/> Court Award Letter <input type="checkbox"/> Pension Statement <input type="checkbox"/> Employer Statement/Contact <input type="checkbox"/> Family or Business Financial Records <input type="checkbox"/> Housing Authority Verification <input type="checkbox"/> Quarterly Estimated Tax for Self-Employed Persons <input type="checkbox"/> Social Security Benefits <input type="checkbox"/> UI Claim Documents <input type="checkbox"/> Copy of Authorization to Receive Cash Public Assistance <input type="checkbox"/> Copy of Public Assistance Check <input type="checkbox"/> Public Assistance Eligibility Verification <input type="checkbox"/> Cross-match with Refugee Assistance Records <input type="checkbox"/> Cross-match with Public Assistance Records <input type="checkbox"/> Cross-match with UI Wage Records <input type="checkbox"/> Self-Attestation | X | X | X |
| <p>ENGLISH LANGUAGE LEARNER AT PROGRAM ENTRY (Element 803)</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Case notes (in the program or enrollment notes within the AJC system) <input type="checkbox"/> Assessment Test Results <input type="checkbox"/> Applicable Records from Education Institution (transcripts, or other school documentation) <input type="checkbox"/> Self-Attestation <input type="checkbox"/> Signed Intake Application or Enrollment Form <input type="checkbox"/> Signed Individual Service Strategy | X | X | X |

WIOA TITLE I-B Adult/Dislocated Worker/Youth Programs

DATA VALIDATION CHECKLIST

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| <p>BASIC SKILLS DEFICIENT/LOW LEVELS OF LITERACY AT PROGRAM ENTRY (Element 804)</p> | <p><i>Required only if participant has received Individualized Career or Training Services</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Case notes (in the program or enrollment notes within the AJC system indicating BSD/Low English skills) <input type="checkbox"/> Assessment Test Results <input type="checkbox"/> Applicable Records from Education Institution (transcripts, or other school documentation) | X | X | X |
| <p>SINGLE PARENT AT PROGRAM ENTRY (Element 806)</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Self-Attestation <input type="checkbox"/> TANF Single Parent Eligibility Verification <input type="checkbox"/> Case Notes (in the program or enrollment notes within the AJC system) <input type="checkbox"/> Needs Assessment <input type="checkbox"/> Signed Intake Application or Enrollment Form <input type="checkbox"/> Signed Individual Service Strategy or Employment Plan | X | X | X |
| <p>DISPLACED HOMEMAKER AT PROGRAM ENTRY (Element 807)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A | <ul style="list-style-type: none"> <input type="checkbox"/> Self-attestation <input type="checkbox"/> Signed Intake Application or Enrollment Form <input type="checkbox"/> Cross-match with Public Assistance Records <input type="checkbox"/> Copy of Spouse's Layoff Notice <input type="checkbox"/> Copy of Spouse's Death Record <input type="checkbox"/> Copy of Spouse's Permanent Change of Station (PCS) Orders (for a military move or assignment) <input type="checkbox"/> Copy of Divorce Records <input type="checkbox"/> Copy of Applicable Court Records <input type="checkbox"/> Copy of Bank Records (showing financial dependence on spouse, no separate individual income support, or no employment income earned) <input type="checkbox"/> Needs Assessment <input type="checkbox"/> Signed Individual Employment Plan | X | X | n/a |
| <p>ELIGIBLE MIGRANT AND SEASONAL FARMWORKER STATUS (WIOA sec. 167) (Element 808)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A | <ul style="list-style-type: none"> <input type="checkbox"/> Self-attestation <input type="checkbox"/> Case Notes (in the program or enrollment notes within the AJC system) <input type="checkbox"/> Cross-match with Public Assistance Records <input type="checkbox"/> NFJP Eligibility Documents <input type="checkbox"/> Cross-match with State MIS <input type="checkbox"/> Cross-match with H-1B Records | X | X | n/a |
| <p>DATE OF PROGRAM ENTRY (Element 900)</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Program intake documents, such as eligibility determination documentation or program enrollment forms <input type="checkbox"/> Individual Employment Plan (IEP) or Individual Service Strategy (ISS) <input type="checkbox"/> Electronic Records in the AJC System | X | X | X |

**WIOA TITLE I-B Adult/Dislocated Worker/Youth Programs
DATA VALIDATION CHECKLIST**

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| <p>DATE OF PROGRAM EXIT (Element 901)</p> | <ul style="list-style-type: none"> <input type="checkbox"/> A copy of the letter sent to the individual indicating that the case was closed <input type="checkbox"/> WIOA status/exit forms <input type="checkbox"/> Electronic Records in AJC System <input type="checkbox"/> Attendance records <input type="checkbox"/> Review of service records identifying the last qualifying service (and lack of planned gap) | <p align="center">X</p> | <p align="center">X</p> | <p align="center">X</p> |
| <p>DATE OF FIRST WIOA YOUTH SERVICE (Element 906)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A | <ul style="list-style-type: none"> <input type="checkbox"/> Signed Intake Application or Enrollment Form with Follow-up cross-match to Case Notes Identifying the First Qualifying Service <input type="checkbox"/> Case Notes with cross-match to State MIS Database <input type="checkbox"/> Signed Individual Service Strategy with Follow-up cross-match to Case Notes Identifying the First Qualifying Service <input type="checkbox"/> Eligibility Determination Documentation or Program Enrollment Forms with Follow-up cross-match to Case Notes Identifying the First Qualifying Service | <p align="center">n/a</p> | <p align="center">n/a</p> | <p align="center">X</p> |
| <p>RECIPIENT OF INCUMBENT WORKER TRAINING (Element 907)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A | <ul style="list-style-type: none"> <input type="checkbox"/> Signed IWT Contract <input type="checkbox"/> Electronic Records | <p align="center">X</p> | <p align="center">X</p> | <p align="center">n/a</p> |
| <p>RAPID RESPONSE (Element 908)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A | <ul style="list-style-type: none"> <input type="checkbox"/> cross-match to State MIS Database <input type="checkbox"/> Case Notes (in the program or enrollment notes within the AJC system) <input type="checkbox"/> Self-Attestation <input type="checkbox"/> Rapid Response List <input type="checkbox"/> cross-match to Rapid Response Records | <p align="center">n/a</p> | <p align="center">X</p> | <p align="center">n/a</p> |
| <p>OTHER REASONS FOR EXIT (Element 923)</p> | <ul style="list-style-type: none"> <input type="checkbox"/> File documentation with notes from program staff <input type="checkbox"/> Information from partner services <input type="checkbox"/> WIOA status/exit forms <input type="checkbox"/> Electronic Records in AJC System <input type="checkbox"/> Withdrawal form with explanation <input type="checkbox"/> Information from institution or facility | <p align="center">X</p> | <p align="center">X</p> | <p align="center">X</p> |
| <p>DATE OF FIRST BASIC CAREER SERVICE (Staff-Assisted)</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Case Notes (in the program or enrollment notes within the AJC system) <input type="checkbox"/> cross-match to State MIS Database <input type="checkbox"/> Electronic Records in AJC System | <p align="center">X</p> | <p align="center">X</p> | <p align="center">n/a</p> |

Exhibit 1500b WIOA TITLE I-B Adult/Dislocated Worker/Youth Programs
DATA VALIDATION CHECKLIST

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|--|--|---|---|-----|
| <p>(Element 1001)</p> <p><input type="checkbox"/> Documentation <u>MUST</u> be in file</p> <p><input type="checkbox"/> N/A</p> | | | | |
| <p>MOST RECENT DATE RECEIVED BASIC CAREER SERVICES (Self-Service/Information Only) (Element 1002)</p> <p><input type="checkbox"/> Documentation <u>MUST</u> be in file</p> <p><input type="checkbox"/> N/A</p> | <p><input type="checkbox"/> Electronic Records in AJC System</p> <p><input type="checkbox"/> Case Notes (in the program or enrollment notes within the AJC system)</p> | X | X | n/a |
| <p>MOST RECENT DATE RECEIVED BASIC CAREER SERVICES (Staff-Assisted) (Element 1003)</p> <p><input type="checkbox"/> Documentation <u>MUST</u> be in file</p> <p><input type="checkbox"/> N/A</p> | <p><input type="checkbox"/> Case Notes (in the program or enrollment notes within the AJC system)</p> <p><input type="checkbox"/> Electronic Records in AJC System</p> | X | X | n/a |
| <p>DATE OF MOST RECENT CAREER SERVICE (WIOA) (Element 1004)</p> <p><input type="checkbox"/> Documentation <u>MUST</u> be in file</p> <p><input type="checkbox"/> N/A</p> | <p><input type="checkbox"/> Case Notes (in the program or enrollment notes within the AJC system)</p> <p><input type="checkbox"/> Electronic Records in AJC System</p> | X | X | n/a |
| <p>MOST RECENT DATE RECEIVED Staff-Assisted Services (DVOP Specialist) (Element 1005)</p> <p><input type="checkbox"/> Documentation <u>MUST</u> be in file</p> | <p><input type="checkbox"/> Electronic Records in AJC System</p> <p><input type="checkbox"/> Case Notes (in the program or enrollment notes within the AJC system)</p> | X | X | n/a |

DATA VALIDATION CHECKLIST

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| <input type="checkbox"/> N/A DATE REFERRED TO DEPARTMENT OF VETERANS AFFAIRS VOCATIONAL REHABILITATION AND EMPLOYMENT PROGRAM (Element 1006) <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A | <input type="checkbox"/> Electronic Records in AJC System <input type="checkbox"/> Case Notes (in the program or enrollment notes within the AJC system) | X | X | n/a |
| DATE OF MOST RECENT REPORTABLE INDIVIDUAL CONTACT (Element 1007) <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A | <input type="checkbox"/> Case Notes (in the program or enrollment notes within the AJC system) <input type="checkbox"/> Cross-match to State MIS Database <input type="checkbox"/> Electronic Records in AJC System | X | X | n/a |
| DATE OF FIRST INDIVIDUALIZED CAREER SERVICE (Element 1200) <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A | <input type="checkbox"/> Case Notes (in the program or enrollment notes within the AJC system) <input type="checkbox"/> Cross-match to State MIS Database <input type="checkbox"/> Electronic Records in AJC System | X | X | n/a |
| MOST RECENT DATE RECEIVED INDIVIDUALIZED CAREER SERVICE (Element 1201) <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A | <input type="checkbox"/> Case Notes (in the program or enrollment notes within the AJC system) <input type="checkbox"/> Electronic Records in AJC System | X | X | n/a |

DATA VALIDATION CHECKLIST

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|---|--|----------|----------|------------|
| <p>DATE INDIVIDUAL EMPLOYMENT PLAN CREATED (Element 1202)</p> <p><input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A</p> | <p><input type="checkbox"/> Cross-match to State MIS Database <input type="checkbox"/> Case Notes (in the program or enrollment notes within the AJC system) <input type="checkbox"/> Signed Individual Employment Plan or Individual Service Strategy <input type="checkbox"/> Electronic Records in AJC System</p> | <p>X</p> | <p>X</p> | <p>n/a</p> |
| <p>TYPE OF WORK EXPERIENCE (Element 1205)</p> | <p><input type="checkbox"/> Case Notes (in the program or enrollment notes within the AJC system) <input type="checkbox"/> Signed Work Experience Agreement <input type="checkbox"/> Electronic Records in AJC System</p> | <p>X</p> | <p>X</p> | <p>X</p> |
| <p>DATE RECEIVED FINANCIAL LITERACY SERVICES (Element 1206)</p> | <p><input type="checkbox"/> Activity sheets <input type="checkbox"/> Sign-in sheets <input type="checkbox"/> Attendance record <input type="checkbox"/> Vendor contract <input type="checkbox"/> Case Notes (in the program or enrollment notes within the AJC system) <input type="checkbox"/> WIOA status forms noting receipt of service and type of service received <input type="checkbox"/> Electronic Records in AJC System</p> | <p>X</p> | <p>X</p> | <p>X</p> |
| <p>TRANSITIONAL JOBS (Element 1211)</p> <p><input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A</p> | <p><input type="checkbox"/> Electronic Records in AJC System <input type="checkbox"/> Case Notes (in the program or enrollment notes within the AJC system) <input type="checkbox"/> Signed Transitional Job Agreement</p> | <p>X</p> | <p>X</p> | <p>n/a</p> |
| <p>RECEIVED TRAINING (Element 1300)</p> | <p><input type="checkbox"/> Cross-match Between Dates of Service and Vendor Training Information <input type="checkbox"/> Vendor Training Records <input type="checkbox"/> Cross-match with State MIS Database in AJC System <input type="checkbox"/> Case Notes (in the program or enrollment notes within the AJC system) <input type="checkbox"/> Signed Training Contract <input type="checkbox"/> Individual Training Account <input type="checkbox"/> Electronic Records from AJC System</p> | <p>X</p> | <p>X</p> | <p>X</p> |
| <p>DATE ENTERED TRAINING #1 (Element 1302)</p> | <p><input type="checkbox"/> Cross-match between State MIS Database and Attendance Sheets or Records <input type="checkbox"/> Vendor Training Records with Follow-up cross-match to State MIS Database <input type="checkbox"/> Case Notes (in the program or enrollment notes within the AJC system) with Follow-up cross-match to State MIS Database <input type="checkbox"/> Individual Training Account</p> | <p>X</p> | <p>X</p> | <p>X</p> |

WIOA TITLE I-B Adult/Dislocated Worker/Youth Programs

DATA VALIDATION CHECKLIST

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| <p>TYPE OF TRAINING SERVICE #1 (Element 1303)</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Copy of enrollment record <input type="checkbox"/> File documentation with notes from program staff <input type="checkbox"/> Cross-match between dates of service and vendor training information <input type="checkbox"/> Vendor training documentation <input type="checkbox"/> Electronic Records from the AJC System <input type="checkbox"/> Individual Training Account <input type="checkbox"/> Attendance records | X | X | X |
| <p>OCCUPATIONAL SKILLS TRAINING CODE #1 (Element 1306)</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Cross-match to State MIS Database <input type="checkbox"/> Case Notes (in the program or enrollment notes within the AJC system) <input type="checkbox"/> Signed Individual Employment Plan or Training Plan <input type="checkbox"/> Signed Training Contract <input type="checkbox"/> ITA | X | X | X |
| <p>TRAINING COMPLETED #1 (Element 1307)</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Cross-match to State MIS Database and Attendance Sheets or Records <input type="checkbox"/> Vendor Training Records with Follow-up Cross-Match to State MIS Database <input type="checkbox"/> Case Notes with Follow-up Cross-Match to State MIS Database | X | X | X |
| <p>DATE COMPLETED OR WITHDREW FROM TRAINING #1 (Element 1308)</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Cross-match to State MIS Database and Attendance Sheets or Records <input type="checkbox"/> Vendor Training Records with Follow-up cross-match to State MIS Database <input type="checkbox"/> Case Notes with Follow-up cross-match to State MIS Database | X | X | X |
| <p>DATE ENTERED TRAINING #2 (Element 1309)</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Cross-match to State MIS Database and Attendance Sheets or Records <input type="checkbox"/> Vendor Training Records with Follow-up cross-match to State MIS Database <input type="checkbox"/> Case Notes with Follow-up cross-match to State MIS Database <input type="checkbox"/> ITA | X | X | X |
| <p>TYPE OF TRAINING SERVICE #2 (Element 1310)</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Copy of enrollment record <input type="checkbox"/> File documentation with notes from program staff <input type="checkbox"/> Cross-match between dates of service and vendor training information <input type="checkbox"/> Vendor training documentation <input type="checkbox"/> Electronic Records in AJC <input type="checkbox"/> Individual Training Account <input type="checkbox"/> Attendance records | X | X | X |
| <p>OCCUPATIONAL SKILLS TRAINING CODE #2 (Element 1311)</p> <p><input type="checkbox"/> Documentation <u>MUST</u> be in file</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Cross-match to State MIS Database <input type="checkbox"/> Case Notes <input type="checkbox"/> Signed Individual Employment Plan or Training Plan <input type="checkbox"/> Signed Training Contract <input type="checkbox"/> ITA | X | X | n/a |

WIOA TITLE I-B Adult/Dislocated Worker/Youth Programs

DATA VALIDATION CHECKLIST

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| <input type="checkbox"/> N/A | | | | |
| TRAINING COMPLETED #2 (Element 1312) | <input type="checkbox"/> Cross-match to State MIS Database and Attendance Sheets or Records <input type="checkbox"/> Vendor Training Records with Follow-up cross-match to State MIS Database <input type="checkbox"/> Case Notes with Follow-up cross-match to State MIS Database | X | X | X |
| DATE COMPLETED, OR WITHDREW FROM TRAINING #2 (Element 1313) | <input type="checkbox"/> Cross-match between State MIS Database and Attendance Sheets or Records <input type="checkbox"/> Vendor Training Records with Follow-up cross-match to State MIS Database <input type="checkbox"/> Case Notes with Follow-up cross-match to State MIS Database | X | X | X |
| DATE ENTERED TRAINING #3 (Element 1314) | <input type="checkbox"/> Cross-match between State MIS Database and Attendance Sheets or Records <input type="checkbox"/> Vendor Training Records with Follow-up cross-match to State MIS Database <input type="checkbox"/> Case Notes with Follow-up cross-match to State MIS Database <input type="checkbox"/> ITA | X | X | X |
| TYPE OF TRAINING SERVICE #3 (Element 1315) | <input type="checkbox"/> Copy of enrollment record <input type="checkbox"/> File documentation with notes from program staff <input type="checkbox"/> Cross-match between dates of service and vendor training information <input type="checkbox"/> Vendor training documentation <input type="checkbox"/> Electronic Records from the AJC System <input type="checkbox"/> Individual Training Account <input type="checkbox"/> Attendance records | X | X | X |
| OCCUPATIONAL SKILLS TRAINING CODE #3 (Element 1316) <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A | <input type="checkbox"/> Cross-match to State MIS Database <input type="checkbox"/> Case notes <input type="checkbox"/> Signed Individual Employment Plan or Training Plan <input type="checkbox"/> Signed Training Contract <input type="checkbox"/> ITA | X | X | n/a |
| TRAINING COMPLETED #3 (Element 1317) <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A | <input type="checkbox"/> Cross-match between State MIS Database and Attendance Sheets or Records <input type="checkbox"/> Vendor Training Records with Follow-up cross-match to State MIS Database <input type="checkbox"/> Case Notes with Follow-up cross-match to State MIS Database | X | X | n/a |
| DATE COMPLETED, OR WITHDREW FROM TRAINING #3 (Element 1318) | <input type="checkbox"/> Cross-match between State MIS Database and Attendance Sheets or Records <input type="checkbox"/> Vendor Training Records with Follow-up cross-match to State MIS Database <input type="checkbox"/> Case Notes with Follow-up cross-match to State MIS Database | X | X | n/a |

DATA VALIDATION CHECKLIST

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| <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A | | | | |
| ESTABLISHED INDIVIDUAL TRAINING ACCOUNT (ITA) (Element 1319) <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A | <input type="checkbox"/> Cross-match with State MIS Database <input type="checkbox"/> Case notes <input type="checkbox"/> ITA Approval, Allocation or Activation Records | X | X | n/a |
| PARTICIPATED IN POSTSECONDARY EDUCATION DURING PROGRAM PARTICIPATION (Element 1332) | <input type="checkbox"/> Data match with postsecondary data system <input type="checkbox"/> Copy of enrollment record <input type="checkbox"/> File documentation with notes from program staff <input type="checkbox"/> School records <input type="checkbox"/> Transcript or report card | X | X | X |
| ENROLLED IN SECONDARY EDUCATION PROGRAM (Element 1401) | <input type="checkbox"/> Copy of enrollment record <input type="checkbox"/> File documentation with notes from program staff <input type="checkbox"/> School records <input type="checkbox"/> Transcript or report card <input type="checkbox"/> Data match to State K-12 data system | X | X | X |
| MOST RECENT DATE RECEIVED EDUCATIONAL ACHIEVEMENT SERVICES (Element 1402) <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A | <input type="checkbox"/> Activity sheets <input type="checkbox"/> Sign-in sheets <input type="checkbox"/> Attendance record <input type="checkbox"/> Vendor contract <input type="checkbox"/> Electronic Records <input type="checkbox"/> WIOA status forms noting receipt of service and type of service received | n/a | n/a | X |
| MOST RECENT DATE RECEIVED ALTERNATIVE SECONDARY SCHOOL SERVICES (Element 1403) | <input type="checkbox"/> Activity sheets <input type="checkbox"/> Sign-in sheets <input type="checkbox"/> Attendance record <input type="checkbox"/> Vendor contract <input type="checkbox"/> Electronic Records <input type="checkbox"/> WIOA status forms noting receipt of service and type of service received | n/a | n/a | X |

DATA VALIDATION CHECKLIST

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|---|--|-----|-----|---|
| <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A | | | | |
| <p>MOST RECENT DATE RECEIVED WORK EXPERIENCE OPPORTUNITIES (Element 1405)</p> <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A | <input type="checkbox"/> Activity sheets <input type="checkbox"/> Sign-in sheets <input type="checkbox"/> Attendance record <input type="checkbox"/> Vendor contract <input type="checkbox"/> Cross-match with State MIS Database <input type="checkbox"/> Case Notes <input type="checkbox"/> Logs or Status Forms Noting Receipt of Service and Combination of Services Received | n/a | n/a | X |
| <p>DATE ENROLLED IN POST EXIT EDUCATION OR TRAINING PROGRAM LEADING TO A RECOGNIZED POSTSECONDARY CREDENTIAL (Element 1406)</p> | <input type="checkbox"/> Copy of enrollment record <input type="checkbox"/> File documentation with notes from program staff <input type="checkbox"/> School records <input type="checkbox"/> Transcript or report card. <input type="checkbox"/> Data match with postsecondary data system | X | X | X |
| <p>MOST RECENT DATE RECEIVED EDUCATION OFFERED CONCURRENTLY WITH WORKFORCE PREPARATION (Element 1407)</p> <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A | <input type="checkbox"/> Activity sheets <input type="checkbox"/> Sign-in sheets <input type="checkbox"/> Attendance record <input type="checkbox"/> Vendor contract <input type="checkbox"/> Electronic Records <input type="checkbox"/> WIOA status forms noting receipt of service and type of service received | n/a | n/a | X |
| <p>MOST RECENT DATE RECEIVED LEADERSHIP DEVELOPMENT OPPORTUNITIES (Element 1408)</p> | <input type="checkbox"/> Activity sheets <input type="checkbox"/> Sign-in sheets <input type="checkbox"/> Attendance record <input type="checkbox"/> Vendor contract <input type="checkbox"/> Electronic Records <input type="checkbox"/> WIOA status forms noting receipt of service and type of service received | n/a | n/a | X |

Exhibit 1500b WIOA TITLE I-B Adult/Dislocated Worker/Youth Programs
DATA VALIDATION CHECKLIST

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|--|---|-----|-----|---|
| <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A | | | | |
| MOST RECENT DATE RECEIVED SUPPORTIVE SERVICES (Element 1409) <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A | <input type="checkbox"/> Activity sheets <input type="checkbox"/> Sign-in sheets <input type="checkbox"/> Attendance record <input type="checkbox"/> Vendor contract <input type="checkbox"/> Electronic Records, case notes <input type="checkbox"/> WIOA status forms noting receipt of service and type of service received | X | X | X |
| MOST RECENT DATE RECEIVED ADULT MENTORING SERVICES (Element 1410) <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A | <input type="checkbox"/> Activity sheets <input type="checkbox"/> Sign-in sheets <input type="checkbox"/> Attendance record <input type="checkbox"/> Vendor contract <input type="checkbox"/> Electronic Records <input type="checkbox"/> WIOA status forms noting receipt of service and type of service received | n/a | n/a | X |
| MOST RECENT DATE RECEIVED COMPREHENSIVE GUIDANCE/COUNSELING SERVICES (Element 1411) <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A | <input type="checkbox"/> Activity sheets <input type="checkbox"/> Sign-in sheets <input type="checkbox"/> Attendance record <input type="checkbox"/> Vendor contract <input type="checkbox"/> Electronic Records <input type="checkbox"/> WIOA status forms noting receipt of service and type of service received | n/a | n/a | X |
| MOST RECENT DATE RECEIVED YOUTH FOLLOW-UP SERVICES (Element 1412) | <input type="checkbox"/> Activity sheets <input type="checkbox"/> Sign-in sheets <input type="checkbox"/> Attendance record <input type="checkbox"/> Vendor contract <input type="checkbox"/> Electronic Records <input type="checkbox"/> WIOA status forms noting receipt of service and type of service received | n/a | n/a | X |

DATA VALIDATION CHECKLIST

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|---|---|-----|-----|-----|
| <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A | | | | |
| MOST RECENT DATE YOUTH RECEIVED ENTREPRENEURIAL SKILLS TRAINING (Element 1413) <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A | <input type="checkbox"/> Activity sheets <input type="checkbox"/> Sign-in sheets <input type="checkbox"/> Attendance record <input type="checkbox"/> Vendor contract <input type="checkbox"/> Electronic Records <input type="checkbox"/> WIOA status forms noting receipt of service and type of service received | n/a | n/a | X |
| MOST RECENT DATE YOUTH RECEIVED SERVICES THAT PROVIDE LABOR MARKET AND EMPLOYMENT INFORMATION (Element 1414) <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A | <input type="checkbox"/> Activity sheets <input type="checkbox"/> Sign-in sheets <input type="checkbox"/> Attendance record <input type="checkbox"/> Vendor contract <input type="checkbox"/> State MIS, case notes <input type="checkbox"/> WIOA status forms noting receipt of service and type of service received | n/a | n/a | X |
| MOST RECENT DATE YOUTH RECEIVED POSTSECONDARY TRANSITION AND PREPARATORY ACTIVITIES (Element 1415) <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A | <input type="checkbox"/> Activity sheets <input type="checkbox"/> Sign-in sheets <input type="checkbox"/> Attendance record <input type="checkbox"/> Vendor contract <input type="checkbox"/> Electronic Records, case notes <input type="checkbox"/> WIOA status forms noting receipt of service and type of service received | n/a | n/a | X |
| RECEIVED NEEDS-RELATED PAYMENTS (Element 1500) | <input type="checkbox"/> Activity sheets <input type="checkbox"/> Sign-in sheets <input type="checkbox"/> Attendance record <input type="checkbox"/> Vendor contract | X | X | n/a |

**WIOA TITLE I-B Adult/Dislocated Worker/Youth Programs
DATA VALIDATION CHECKLIST**

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| <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A | <input type="checkbox"/> Electronic Records, case notes <input type="checkbox"/> WIOA status forms noting receipt of service and type of service received | | | |
| EMPLOYED IN 1ST QUARTER AFTER EXIT QUARTER (Element 1600) | ★ <i>Don't upload documents into AJC if the SSN is listed - Case manager, enter a note as visually verified.</i> <input type="checkbox"/> UI wage data match/administrative wage match, such as the National Directory of New Hires <input type="checkbox"/> Follow-up survey from program participants <input type="checkbox"/> Pay check stubs, tax records, W2 form (Detailed case notes in the program or enrollment notes within the AJC system) <input type="checkbox"/> Quarterly tax payment forms, such as a IRS form 941 <input type="checkbox"/> Document from employer on company letterhead attesting to an individual's employment status and earnings <input type="checkbox"/> Self-employment worksheets signed and attested to by program participants <input type="checkbox"/> Detailed case notes (in the program or enrollment notes within the AJC system) verified by employer and signed by the counselor | X | X | X |
| TYPE OF EMPLOYMENT MATCH 1ST QUARTER AFTER EXIT QUARTER (Element 1601) <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A | ★ <i>Don't upload documents into AJC if the SSN is listed - Case manager, enter a note as visually verified.</i> <input type="checkbox"/> Cross-match with State and Out-of-State UI Quarterly Wage Records (intrastate and interstate) <input type="checkbox"/> Federal Government Employment Records (such as military employment, Department of Defense, Office of Personnel Management, and US Postal Service) <input type="checkbox"/> Cross-match with Federal Administrative Wage Record Databases (such as the National Directory of New Hires) of exit. <input type="checkbox"/> State New Hires Registry <input type="checkbox"/> Signed Follow-up Survey Response from Program Participants <input type="checkbox"/> Copy of Paycheck Stubs, Payroll Slip, or Leave and Earnings Statements (minimum of two per TEGL 26-16) <input type="checkbox"/> Income Tax Records, W-2 Form, or Other Records from the State Department of Revenue or Taxation <input type="checkbox"/> Railroad Retirement System <input type="checkbox"/> Quarterly Tax Payment Forms (such as IRS Form 941) <input type="checkbox"/> A Signed Letter from an Employer on Company Letterhead (attesting to an individual's employment status and earnings) <input type="checkbox"/> Self-Employment or Sales Commission Worksheets Signed and Attested to by Program Participants <input type="checkbox"/> Cross-match with Partner Program Administrative Databases (such as TANF, SNAP or other public assistance programs) | X | X | n/a |

WIOA TITLE I-B Adult/Dislocated Worker/Youth Programs

DATA VALIDATION CHECKLIST

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| <p>EMPLOYED IN 2ND QUARTER AFTER EXIT QUARTER (Element 1602)</p> | <p>★ <i>Don't upload documents into AJC if the SSN is listed - Case manager, enter a note as visually verified.</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> UI wage data match/administrative wage match, such as the National Directory of New Hires <input type="checkbox"/> Follow-up survey from program participants <input type="checkbox"/> Pay check stubs, tax records, W2 form <input type="checkbox"/> Quarterly tax payment forms, such as an IRS form 941 <input type="checkbox"/> Document from employer on company letterhead attesting to an individual's employment status and earnings <input type="checkbox"/> Self-employment worksheets signed and attested to by program participants <input type="checkbox"/> Detailed case notes (in the program or enrollment notes within the AJC system) verified by employer and signed by the counselor | X | X | X |
| <p>TYPE OF EMPLOYMENT MATCH 2ND QUARTER AFTER EXIT QUARTER (Element 1603)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A | <p>★ <i>Don't upload documents into AJC if the SSN is listed - Case manager, enter a note as visually verified.</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Cross-match with State and Out-of-State UI Quarterly Wage Records (intrastate and interstate) <input type="checkbox"/> Federal Government Employment Records (such as military employment, Department of Defense, Office of Personnel Management, and US Postal Service) <input type="checkbox"/> Cross-match with Federal Administrative Wage Record Databases (such as the National Directory of New Hires) <input type="checkbox"/> State New Hires Registry <input type="checkbox"/> Signed Follow-up Survey Response from Program Participants <input type="checkbox"/> Copy of Paycheck Stubs, Payroll Slip, or Leave and Earnings Statements (minimum of two per TEGL 26-16) <input type="checkbox"/> Income Tax Records, W-2 Form, or Other Records from the State Department of Revenue or Taxation <input type="checkbox"/> Railroad Retirement System <input type="checkbox"/> Quarterly Tax Payment Forms (such as IRS Form 941) <input type="checkbox"/> A Signed Letter from an Employer on Company Letterhead (attesting to an individual's employment status and earnings) <input type="checkbox"/> Self-Employment or Sales Commission Worksheets Signed and Attested to by Program Participants <input type="checkbox"/> Cross-match with Partner Program Administrative Databases (such as TANF, SNAP or other public assistance programs) | X | X | n/a |
| <p>EMPLOYED IN 3RD QUARTER AFTER EXIT QUARTER</p> | <p>★ <i>Don't upload documents into AJC if the SSN is listed - Case manager, enter a note as visually verified.</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> UI wage data match /administrative wage match, such as the National Directory of New Hires | X | X | X |

WIOA TITLE I-B Adult/Dislocated Worker/Youth Programs

DATA VALIDATION CHECKLIST

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| <p>(Element 1604)</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Follow-up survey from program participants <input type="checkbox"/> Pay check stubs, tax records, W2 form <input type="checkbox"/> Quarterly tax payment forms, such as an IRS form 941 <input type="checkbox"/> Document from employer on company letterhead attesting to an individual's employment status and earnings <input type="checkbox"/> Self-employment worksheets signed and attested to by program participants <input type="checkbox"/> Detailed case notes (in the program or enrollment notes within the AJC system) verified by employer and signed by the counselor | | | |
| <p>TYPE OF EMPLOYMENT MATCH 3RD QUARTER AFTER EXIT QUARTER (Element 1605)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A | <ul style="list-style-type: none"> ★ <i>Don't upload documents into AJC if the SSN is listed - Case manager, enter a note as visually verified.</i> <input type="checkbox"/> Cross-match with State and Out-of-State UI Quarterly Wage Records (intrastate and interstate) <input type="checkbox"/> Federal Government Employment Records (such as military employment, Department of Defense, Office of Personnel Management, and US Postal Service) <input type="checkbox"/> Cross-match with Federal Administrative Wage Record Databases (such as the National Directory of New Hires <input type="checkbox"/> State New Hires Registry <input type="checkbox"/> Signed Follow-up Survey Response from Program Participants <input type="checkbox"/> Copy of Paycheck Stubs, Payroll Slip, or Leave and Earnings Statements (minimum of two per TEGL 26-16) <input type="checkbox"/> Income Tax Records, W-2 Form, or Other Records from the State Department of Revenue or Taxation <input type="checkbox"/> Railroad Retirement System <input type="checkbox"/> Quarterly Tax Payment Forms (such as IRS Form 941) <input type="checkbox"/> A Signed Letter from an Employer on Company Letterhead (attesting to an individual's employment status and earnings) <input type="checkbox"/> Self-Employment or Sales Commission Worksheets Signed and Attested to by Program Participants <input type="checkbox"/> Cross-match with Partner Program Administrative Databases (such as TANF, SNAP or other public assistance programs) | <p>X</p> | <p>X</p> | <p>n/a</p> |

WIOA TITLE I-B Adult/Dislocated Worker/Youth Programs

DATA VALIDATION CHECKLIST

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| <p>EMPLOYED IN 4TH QUARTER AFTER EXIT QUARTER (Element 1606)</p> | <p>★ <i>Don't upload documents into AJC if the SSN is listed - Case manager, enter a note as visually verified.</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> UI wage data match/administrative wage match, such as the National Directory of New Hires <input type="checkbox"/> Follow-up survey from program participants <input type="checkbox"/> Pay check stubs, tax records, W2 form <input type="checkbox"/> Quarterly tax payment forms, such as an IRS form 941 <input type="checkbox"/> Document from employer on company letterhead attesting to an individual's employment status and earnings <input type="checkbox"/> Self-employment worksheets signed and attested to by program participants <input type="checkbox"/> Detailed case notes (in the program or enrollment notes within the AJC system) verified by employer and signed by the counselor | X | X | X |
| <p>TYPE OF EMPLOYMENT MATCH 4TH QUARTER AFTER EXIT QUARTER (Element 1607)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A | <p>★ <i>Don't upload documents into AJC if the SSN is listed - Case manager, enter a note as visually verified.</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Cross-match with State and Out-of-State UI Quarterly Wage Records (intrastate and interstate) <input type="checkbox"/> Federal Government Employment Records (such as military employment, Department of Defense, Office of Personnel Management, and US Postal Service) <input type="checkbox"/> Cross-match with Federal Administrative Wage Record Databases (such as the National Directory of New Hires) <input type="checkbox"/> State New Hires Registry <input type="checkbox"/> Signed Follow-up Survey Response from Program Participants <input type="checkbox"/> Copy of Paycheck Stubs, Payroll Slip, or Leave and Earnings Statements (minimum of two per TEGL 26-16) <input type="checkbox"/> Income Tax Records, W-2 Form, or Other Records from the State Department of Revenue or Taxation <input type="checkbox"/> Railroad Retirement System <input type="checkbox"/> Quarterly Tax Payment Forms (such as IRS Form 941) <input type="checkbox"/> A Signed Letter from an Employer on Company Letterhead (attesting to an individual's employment status and earnings) <input type="checkbox"/> Self-Employment or Sales Commission Worksheets Signed and Attested to by Program Participants <input type="checkbox"/> Cross-match with Partner Program Administrative Databases (such as TANF, SNAP or other public assistance programs). | X | X | n/a |

DATA VALIDATION CHECKLIST

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| <p>EMPLOYMENT RELATED TO TRAINING (2ND QUARTER AFTER EXIT) (Element 1608)</p> <p><input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A</p> | <p>★ <i>Don't upload documents into AJC if the SSN is listed - Case manager, enter a note as visually verified.</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> UI Wage Records <input type="checkbox"/> Supplemental data sources defined by TEGL 26-16 follow up services <input type="checkbox"/> Surveys <input type="checkbox"/> Results from record sharing and/or automated record matching with other employment and administrative databases <input type="checkbox"/> Other out of state federal wage record systems in AJC System <input type="checkbox"/> Case notes (in the program or enrollment notes within the AJC system) | X | X | n/a |
| <p>OCCUPATIONAL CODE (if available) (Element 1610)</p> <p><input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A</p> | <p>★ <i>Don't upload documents into AJC if the SSN is listed - Case manager, enter a note as visually verified.</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> UI Wage Records <input type="checkbox"/> Supplemental data sources defined by TEGL 26-16 follow-up services <input type="checkbox"/> Surveys <input type="checkbox"/> Record sharing and/or automated record matching with other employment and administrative databases <input type="checkbox"/> Other out of state federal wage record systems <input type="checkbox"/> Case notes | X | X | n/a |
| <p>ENTERED NON-TRADITIONAL EMPLOYMENT (Element 1611)</p> <p><input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A</p> | <p>★ <i>Don't upload documents into AJC if the SSN is listed - Case manager, enter a note as visually verified.</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> UI Wage Records <input type="checkbox"/> Supplemental data sources defined by TEGL 26-16 follow-up services <input type="checkbox"/> Surveys <input type="checkbox"/> Record sharing and/or automated record matching with other employment and administrative databases <input type="checkbox"/> Other out of state federal wage record systems <input type="checkbox"/> Case notes | X | X | n/a |
| <p>OCCUPATIONAL CODE OF EMPLOYMENT 2ND QUARTER AFTER EXIT QUARTER (if available) (Element 1612)</p> <p><input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A</p> | <p>★ <i>Don't upload documents into AJC if the SSN is listed - Case manager, enter a note as visually verified.</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> UI Wage Records <input type="checkbox"/> Supplemental data sources defined by TEGL 26-16 follow-up services <input type="checkbox"/> Surveys <input type="checkbox"/> Record sharing and/or automated record matching with other employment and administrative databases <input type="checkbox"/> Other out of state federal wage record systems <input type="checkbox"/> Case notes | X | X | n/a |

DATA VALIDATION CHECKLIST

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| <p>OCCUPATIONAL CODE OF EMPLOYMENT 4TH QUARTER AFTER EXIT QUARTER (if available) (Element 1613)</p> <p><input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A</p> | <p>★ <i>Don't upload documents into AJC if the SSN is listed - Case manager, enter a note as visually verified.</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> UI Wage Records <input type="checkbox"/> Supplemental data sources defined by TEGL 26-16 follow-up services <input type="checkbox"/> Surveys <input type="checkbox"/> Record sharing and/or automated record matching with other employment and administrative databases <input type="checkbox"/> Other out of state federal wage record systems <input type="checkbox"/> Case notes | X | X | n/a |
| <p>INDUSTRY CODE OF EMPLOYMENT 1ST QUARTER AFTER EXIT QUARTER (Element 1614)</p> <p><input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A</p> | <p>★ <i>Don't upload documents into AJC if the SSN is listed - Case manager, enter a note as visually verified.</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> UI Wage Records <input type="checkbox"/> Supplemental data sources defined by TEGL 26-16 follow-up services <input type="checkbox"/> Surveys <input type="checkbox"/> Record sharing and/or automated record matching with other employment and administrative databases <input type="checkbox"/> Other out of state federal wage record systems <input type="checkbox"/> Case notes | X | X | n/a |
| <p>INDUSTRY CODE OF EMPLOYMENT 2ND QUARTER AFTER EXIT QUARTER (Element 1615)</p> <p><input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A</p> | <p>★ <i>Don't upload documents into AJC if the SSN is listed - Case manager, enter a note as visually verified.</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> UI Wage Records <input type="checkbox"/> Supplemental data sources defined by TEGL 26-16 follow-up services <input type="checkbox"/> Surveys <input type="checkbox"/> Record sharing and/or automated record matching with other employment and administrative databases <input type="checkbox"/> Other out of state federal wage record systems <input type="checkbox"/> Case notes | X | X | n/a |
| <p>INDUSTRY CODE OF EMPLOYMENT 3RD QUARTER AFTER EXIT QUARTER (Element 1616)</p> <p><input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A</p> | <p>★ <i>Don't upload documents into AJC if the SSN is listed - Case manager, enter a note as visually verified.</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> UI Wage Records <input type="checkbox"/> Supplemental data sources defined by TEGL 26-16 follow-up services <input type="checkbox"/> Surveys <input type="checkbox"/> Record sharing and/or automated record matching with other employment and administrative databases <input type="checkbox"/> Other out of state federal wage record systems <input type="checkbox"/> Case notes | X | X | n/a |

**WIOA TITLE I-B Adult/Dislocated Worker/Youth Programs
DATA VALIDATION CHECKLIST**

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| <p>INDUSTRY CODE OF EMPLOYMENT 4TH QUARTER AFTER EXIT QUARTER (Element 1617)</p> <p><input type="checkbox"/> Documentation <u>MUST</u> be in file</p> <p><input type="checkbox"/> N/A</p> | <p>★ <i>Don't upload documents into AJC if the SSN is listed - Case manager, enter a note as visually verified.</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> UI Wage Records <input type="checkbox"/> Supplemental data sources defined by TEGL 26-16 follow-up services <input type="checkbox"/> Surveys <input type="checkbox"/> Record sharing and/or automated record matching with other employment and administrative databases <input type="checkbox"/> Other out of state federal wage record systems <input type="checkbox"/> Case notes | X | X | n/a |
| <p>RETENTION WITH THE SAME EMPLOYER IN THE 2ND QUARTER AND THE 4TH QUARTER (Element 1618)</p> | <p>★ <i>Don't upload documents into AJC if the SSN is listed - Case manager, enter a note as visually verified.</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Cross-match with State and Out-of-State UI Quarterly <input type="checkbox"/> Wage Records (intrastate and interstate) <input type="checkbox"/> Federal Government Employment Records (such as military employment, Department of Defense, Office of Personnel Management, and US Postal Service) <input type="checkbox"/> Cross-match with Federal Administrative Wage Record Databases (such as the National Directory of New Hires) <input type="checkbox"/> State New Hires Registry <input type="checkbox"/> Signed Follow-up Survey Response from Program Participants <input type="checkbox"/> Copy of Paycheck Stubs, Payroll Slip, or Leave and Earnings Statements (minimum of two per TEGL 26-16) <input type="checkbox"/> Income Tax Records, W-2 Form, or Other Records from the State Department of Revenue or Taxation <input type="checkbox"/> Railroad Retirement System <input type="checkbox"/> Quarterly Tax Payment Forms (such as IRS Form 941) <input type="checkbox"/> A Signed Letter from an Employer on Company Letterhead (attesting to an individual's employment status and earnings) <input type="checkbox"/> Self-Employment or Sales Commission Worksheets Signed and Attested to by Program Participants <input type="checkbox"/> Cross-match with Partner Program Administrative Databases (such as TANF, SNAP or other public assistance programs) | X | X | X |

**WIOA TITLE I-B Adult/Dislocated Worker/Youth Programs
DATA VALIDATION CHECKLIST**

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| <p>WAGES 3RD QUARTER PRIOR TO PARTICIPATION QUARTER (Element 1700)</p> <p><input type="checkbox"/> Documentation <u>MUST</u> be in file</p> <p><input type="checkbox"/> N/A</p> | <p>★ <i>Don't upload documents into AJC if the SSN is listed - Case manager, enter a note as visually verified.</i></p> <p><i>One of the following (consistent with TEGL 26-16):</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Cross-match with State and out-of-State UI Quarterly Wage Records (intrastate and interstate) <input type="checkbox"/> Federal Government Employment Records (such as military employment, Department of Defense, Office of Personnel Management, and US Postal Service) <input type="checkbox"/> Cross-match with Federal Administrative Wage Record Databases (such as the National Directory of New Hires) <input type="checkbox"/> State New Hires Registry <input type="checkbox"/> Signed follow-up survey response from program participants <input type="checkbox"/> Copy of paycheck stubs, payroll slip, or leave and earnings statements (minimum of two per TEGL 26-16) <input type="checkbox"/> Income Tax Records, W-2 Form, or Other Records from the State Department of Revenue or Taxation <input type="checkbox"/> Railroad Retirement System <input type="checkbox"/> Quarterly Tax Payment Forms (such as IRS Form 941) <input type="checkbox"/> A Signed Letter from an Employer on Company Letterhead (attesting to an individual's employment status and earnings) <input type="checkbox"/> Self-Employment or Sales Commission Worksheets Signed and Attested to by Program Participants <input type="checkbox"/> Cross-match with Partner Program Administrative Databases (such as TANF, SNAP or other public assistance programs) | <p>X</p> | <p>X</p> | <p>n/a</p> |
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DATA VALIDATION CHECKLIST

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| <p>WAGES 2ND QUARTER PRIOR TO PARTICIPATION QUARTER (Element 1701)</p> <p><input type="checkbox"/> Documentation MUST be in file</p> <p><input type="checkbox"/> N/A</p> | <p>★ <i>Don't upload documents into AJC if the SSN is listed - Case manager, enter a note as visually verified.</i> <i>One of the following (consistent with TEGL 26-16):</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Cross-match with State and Out-of-State UI Quarterly Wage Records (intrastate and interstate) <input type="checkbox"/> Federal Government Employment Records (such as military employment, Department of Defense, Office of Personnel Management, and US Postal Service) <input type="checkbox"/> Cross-match with Federal Administrative Wage Record Databases (such as the National Directory of New Hires) <input type="checkbox"/> State New Hires Registry <input type="checkbox"/> Signed Follow-up Survey Response from Program Participants <input type="checkbox"/> Copy of Paycheck Stubs, Payroll Slip, or Leave and Earnings Statements (minimum of two per TEGL 26-16) <input type="checkbox"/> Income Tax Records, W-2 Form, or Other Records from the State Department of Revenue or Taxation <input type="checkbox"/> Railroad Retirement System <input type="checkbox"/> Quarterly Tax Payment Forms (such as IRS Form 941) <input type="checkbox"/> A Signed Letter from an Employer on Company Letterhead (attesting to an individual's employment status and earnings) <input type="checkbox"/> Self-Employment or Sales Commission Worksheets Signed and Attested to by Program Participants <input type="checkbox"/> Cross-match with Partner Program Administrative Databases (such as TANF, SNAP or other public assistance programs) | <p>X</p> | <p>X</p> | <p>n/a</p> |
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DATA VALIDATION CHECKLIST

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| <p>WAGES 1ST QUARTER PRIOR TO PARTICIPATION QUARTER (Element 1702)</p> <p><input type="checkbox"/> Documentation MUST be in file</p> <p><input type="checkbox"/> N/A</p> | <p>★ <i>Don't upload documents into AJC if the SSN is listed - Case manager, enter a note as visually verified</i></p> <p><i>One of the following (consistent with TEGL 26-16):</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Cross-match with State and Out-of-State UI Quarterly Wage Records (intrastate and interstate) <input type="checkbox"/> Federal Government Employment Records (such as military employment, Department of Defense, Office of Personnel Management, and US Postal Service) <input type="checkbox"/> Cross-match with Federal Administrative Wage Record Databases (such as the National Directory of New Hires) <input type="checkbox"/> State New Hires Registry <input type="checkbox"/> Signed Follow-up Survey Response from Program Participants <input type="checkbox"/> Copy of Paycheck Stubs, Payroll Slip, or Leave and Earnings Statements (minimum of two per TEGL 26-16) <input type="checkbox"/> Income Tax Records, W-2 Form, or Other Records from the State Department of Revenue or Taxation <input type="checkbox"/> Railroad Retirement System <input type="checkbox"/> Quarterly Tax Payment Forms (such as IRS Form 941) <input type="checkbox"/> A Signed Letter from an Employer on Company Letterhead (attesting to an individual's employment status and earnings) <input type="checkbox"/> Self-Employment or Sales Commission Worksheets Signed and Attested to by Program Participants <input type="checkbox"/> Cross-match with Partner Program Administrative Databases (such as TANF, SNAP or other public assistance programs) | <p>X</p> | <p>X</p> | <p>n/a</p> |
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**WIOA TITLE I-B Adult/Dislocated Worker/Youth Programs
DATA VALIDATION CHECKLIST**

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| <p>WAGES 1ST QUARTER AFTER EXIT QUARTER (Element 1703)</p> <p><input type="checkbox"/> Documentation MUST be in file</p> <p><input type="checkbox"/> N/A</p> | <p>★ <i>Don't upload documents into AJC if the SSN is listed - Case manager, enter a note as visually verified.</i></p> <p><i>One of the following (consistent with TEGL 26-16):</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Cross-match with State and Out-of-State UI Quarterly Wage Records (intrastate and interstate) employment, Department of Defense, Office of Personnel Management, and US Postal Service) <input type="checkbox"/> Cross-match with Federal Administrative Wage Record Databases (such as the National Directory of New Hires) <input type="checkbox"/> State New Hires Registry <input type="checkbox"/> Signed Follow-up Survey Response from Program Participants <input type="checkbox"/> Copy of Paycheck Stubs, Payroll Slip, or Leave and Earnings Statements (minimum of two per TEGL 26-16) <input type="checkbox"/> Income Tax Records, W-2 Form, or Other Records from the State Department of Revenue or Taxation <input type="checkbox"/> Railroad Retirement System <input type="checkbox"/> Quarterly Tax Payment Forms (such as IRS Form 941) <input type="checkbox"/> A Signed Letter from an Employer on Company Letterhead (attesting to an individual's employment status and earnings) <input type="checkbox"/> Self-Employment or Sales Commission Worksheets Signed and Attested to by Program Participants <input type="checkbox"/> Cross-match with Partner Program Administrative Databases (such as TANF, SNAP or other public assistance programs) | <p align="center">X</p> | <p align="center">X</p> | <p align="center">n/a</p> |
| <p>WAGES 2ND QUARTER AFTER EXIT QUARTER (Element 1704)</p> | <p>★ <i>Don't upload documents into AJC if the SSN is listed - Case manager, enter a note as visually verified.</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> UI wage data match/administrative wage match, such as the National Directory of New Hires <input type="checkbox"/> Follow-up survey from program participants <input type="checkbox"/> Pay check stubs, tax records, W2 form <input type="checkbox"/> Quarterly tax payment forms, such as an IRS form 941(<i>Don't upload into AJC - Case manager, enter a note as visually verified</i>) <input type="checkbox"/> Document from employer on company letterhead attesting to an individual's employment status and earnings <input type="checkbox"/> Self-employment worksheets signed and attested to by program participants <input type="checkbox"/> Detailed case notes (in the program or enrollment notes within the AJC system) verified by employer and signed by the counselor | <p align="center">X</p> | <p align="center">X</p> | <p align="center">X</p> |

**WIOA TITLE I-B Adult/Dislocated Worker/Youth Programs
DATA VALIDATION CHECKLIST**

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| <p>WAGES 3RD QUARTER AFTER EXIT QUARTER (Element 1705)</p> <p><input type="checkbox"/> Documentation <u>MUST</u> be in file</p> <p><input type="checkbox"/> N/A</p> | <p>★ <i>Don't upload documents into AJC if the SSN is listed - Case manager, enter a note as visually verified.</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Cross-match with State and Out-of-State UI Quarterly Wage Records (intrastate and interstate) <input type="checkbox"/> Federal Government Employment Records (such as military employment, Department of Defense, Office of Personnel Management, and US Postal Service) <input type="checkbox"/> Cross-match with Federal Administrative Wage Record Databases (such as the National Directory of New Hires) <input type="checkbox"/> State New Hires Registry <input type="checkbox"/> Signed Follow-up Survey Response from Program Participants <input type="checkbox"/> Copy of Paycheck Stubs, Payroll Slip, or Leave and Earnings Statements (minimum of two per TEGL 26-16) <input type="checkbox"/> Income Tax Records, W-2 Form, or Other Records from the State Department of Revenue or Taxation <input type="checkbox"/> Railroad Retirement System <input type="checkbox"/> Quarterly Tax Payment Forms (such as IRS Form 941) <input type="checkbox"/> A Signed Letter from an Employer on Company Letterhead (attesting to an individual's employment status and earnings) <input type="checkbox"/> Self-Employment or Sales Commission Worksheets Signed and Attested to by Program Participants <input type="checkbox"/> Cross-match with Partner Program Administrative Databases (such as TANF, SNAP or other public assistance programs) | X | X | n/a |
| <p>WAGES 4TH QUARTER AFTER EXIT QUARTER (Element 1706)</p> <p><input type="checkbox"/> Documentation <u>MUST</u> be in file</p> <p><input type="checkbox"/> N/A</p> | <p>★ <i>Don't upload documents into AJC if the SSN is listed - Case manager, enter a note as visually verified.</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Cross-match with State and Out-of-State UI Quarterly Wage Records (intrastate and interstate) <input type="checkbox"/> Federal Government Employment Records (such as military employment, Department of Defense, Office of Personnel Management, and US Postal Service) <input type="checkbox"/> Cross-match with Federal Administrative Wage Record Databases (such as the National Directory of New Hires) <input type="checkbox"/> State New Hires Registry <input type="checkbox"/> Signed Follow-up Survey Response from Program Participants <input type="checkbox"/> Copy of Paycheck Stubs, Payroll Slip, or Leave and Earnings Statements (minimum of two per TEGL 26-16) <input type="checkbox"/> Income Tax Records, W-2 Form, or Other Records from the State Department of Revenue or Taxation <input type="checkbox"/> Railroad Retirement System | X | X | n/a |

WIOA TITLE I-B Adult/Dislocated Worker/Youth Programs

DATA VALIDATION CHECKLIST

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| | <ul style="list-style-type: none"> <input type="checkbox"/> Quarterly Tax Payment Forms (such as IRS Form 941) <input type="checkbox"/> A Signed Letter from an Employer on Company Letterhead (attesting to an individual’s employment status and earnings) <input type="checkbox"/> Self-Employment or Sales Commission Worksheets Signed and Attested to by Program Participants <input type="checkbox"/> Cross-match with Partner Program Administrative Databases (such as TANF, SNAP or other public assistance programs) | | | |
| <p>TYPE OF RECOGNIZED CREDENTIAL (Element 1800)</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Data match <input type="checkbox"/> Copy of credential <input type="checkbox"/> Copy of school record <input type="checkbox"/> Follow-up survey from program participants <input type="checkbox"/> Case notes (in the program or enrollment notes within the AJC system) documenting information obtained from education or training provider | X | X | X |
| <p>DATE ATTAINED RECOGNIZED CREDENTIAL (Element 1801)</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Data match <input type="checkbox"/> Copy of credential <input type="checkbox"/> Copy of school record <input type="checkbox"/> Follow-up survey from program participants <input type="checkbox"/> Case notes (documenting information obtained from education or training providers with the date it was obtained). | X | X | X |
| <p>TYPE OF RECOGNIZED CREDENTIAL #2 (Element 1802)</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Cross-match with Postsecondary Education Database <input type="checkbox"/> Copy of Diploma, Credential or Degree Awarded by Education Institution <input type="checkbox"/> Applicable Records from Education Institution (GED certificate, diploma, transcripts, report card, or school documentation) <input type="checkbox"/> Signed Follow-up Survey Response from Program Participant <input type="checkbox"/> Signed File Documentation with Information Obtained from Education or Training Provider | X | X | X |
| <p>DATE ATTAINED RECOGNIZED CREDENTIAL #2 (Element 1803)</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Cross-match with Postsecondary Education Database <input type="checkbox"/> Copy of Diploma, Credential or Degree Awarded by Education Institution <input type="checkbox"/> Applicable Records from Education Institution (GED certificate, diploma, transcripts, report card, or school documentation) <input type="checkbox"/> Signed Follow-up Survey Response from Program Participant <input type="checkbox"/> Signed File Documentation with Information Obtained from Education or Training Provider | X | X | X |

DATA VALIDATION CHECKLIST

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| <p>TYPE OF RECOGNIZED CREDENTIAL #3 (Element 1804)</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Cross-match with Postsecondary Education Database <input type="checkbox"/> Copy of Diploma, Credential or Degree Awarded by Education Institution <input type="checkbox"/> Applicable Records from Education Institution (GED certificate, diploma, transcripts, report card, or school documentation) <input type="checkbox"/> Signed Follow-up Survey Response from Program Participant <input type="checkbox"/> Signed File Documentation with Information Obtained from Education or Training Provider | X | X | X |
| <p>DATE ATTAINED RECOGNIZED CREDENTIAL #3 (Element 1805)</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Cross-match with Postsecondary Education Database <input type="checkbox"/> Copy of Diploma, Credential or Degree Awarded by this data element does not apply. Education Institution <input type="checkbox"/> Applicable Records from Education Institution (GED certificate, diploma, transcripts, report card, or school documentation) <input type="checkbox"/> Signed Follow-up Survey Response from Program Participant <input type="checkbox"/> Signed File Documentation with Information Obtained from Education or Training Provider | X | X | X |
| <p>DATE OF MOST RECENT MEASURABLE SKILL GAINS: EDUCATIONAL FUNCTIONAL LEVEL (EFL) (Element 1806)</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Pre- and post-test results measuring EFL gain <input type="checkbox"/> Adult High School transcript showing EFL gain through the awarding of credits or Carnegie units <input type="checkbox"/> Postsecondary education or training enrollment determined through data match, survey documentation, or program notes | X | X | X |
| <p>DATE OF MOST RECENT MEASURABLE SKILL GAINS: POSTSECONDARY TRANSCRIPT/REPORT CARD (Element 1807)</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Transcript <input type="checkbox"/> Report card | X | X | X |
| <p>DATE OF MOST RECENT MEASURABLE SKILL GAINS: SECONDARY TRANSCRIPT/REPORT CARD (Element 1808)</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Transcript <input type="checkbox"/> Report card | X | X | X |
| <p>DATE OF MOST RECENT MEASURABLE SKILL GAINS: TRAINING MILESTONE (Element 1809)</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Documentation of a skill gained through OJT or Registered Apprenticeship <input type="checkbox"/> Contract and/or evaluation from employer or training provider documenting a skill gain <input type="checkbox"/> Progress report from employer documenting a skill gain | X | X | X |

DATA VALIDATION CHECKLIST

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| <p>DATE OF MOST RECENT MEASURABLE SKILL GAINS: SKILLS PROGRESSION (Element 1810)</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Results of a knowledge-based exam or certification of completion. <input type="checkbox"/> Documentation demonstrating progress in attaining technical or occupational skills through an exam or benchmark attainment <input type="checkbox"/> Documentation from training provider or employer <input type="checkbox"/> Copy of a credential that is required for a particular occupation and only is earned after the passage of an exam | X | X | X |
| <p>DATE ENROLLED DURING PROGRAM PARTICIPATION IN EDUCATION OR TRAINING PROGRAM LEADING TO A RECOGNIZED POSTSECONDARY CREDENTIAL OR EMPLOYMENT (Element 1811)</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Copy of enrollment record <input type="checkbox"/> File documentation with notes from program staff <input type="checkbox"/> School records <input type="checkbox"/> Transcript or report card. <input type="checkbox"/> Data match with postsecondary data system | X | X | X |
| <p>DATE COMPLETED, DURING PROGRAM PARTICIPATION, AN EDUCATION OR TRAINING PROGRAM LEADING TO A RECOGNIZED POSTSECONDARY CREDENTIAL OR EMPLOYMENT (Element 1813)</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Cross-match with Secondary or Postsecondary Education Database <input type="checkbox"/> Copy of Diploma, Credential or Degree Awarded by Education Institution <input type="checkbox"/> Applicable Records from Education Institution (GED certificate, diploma, transcripts, report card, or school documentation) <input type="checkbox"/> Signed Follow-up Survey Response from Program Participant <input type="checkbox"/> Signed File Documentation with Information Obtained from Education or Training Provider | X | X | X |

DATA VALIDATION CHECKLIST

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| <p>YOUTH 2ND QUARTER PLACEMENT (TITLE I) (Element 1900)</p> <p><input type="checkbox"/> Documentation <u>MUST</u> be in file</p> <p><input type="checkbox"/> N/A</p> | <p>★ <i>Don't upload documents into AJC if the SSN is listed - Case manager, enter a note as visually verified.</i></p> <p><input type="checkbox"/> Cross-match with other agencies</p> <p><input type="checkbox"/> Copy of registration record</p> <p><input type="checkbox"/> File documentation with notes from program staff</p> <p><input type="checkbox"/> School records</p> <p><input type="checkbox"/> Transcript or report card</p> <p><input type="checkbox"/> Vendor/training provider training documentation</p> | <p>n/a</p> | <p>n/a</p> | <p>X</p> |
| <p>YOUTH 4TH QUARTER PLACEMENT (TITLE I) (Element 1901)</p> <p><input type="checkbox"/> Documentation <u>MUST</u> be in file</p> <p><input type="checkbox"/> N/A</p> | <p>★ <i>Don't upload documents into AJC if the SSN is listed - Case manager, enter a note as visually verified.</i></p> <p><input type="checkbox"/> Cross-match with other agencies</p> <p><input type="checkbox"/> Copy of registration record</p> <p><input type="checkbox"/> File documentation with notes from program staff</p> <p><input type="checkbox"/> School records</p> <p><input type="checkbox"/> Transcript or report card</p> <p><input type="checkbox"/> Vendor/training provider training documentation</p> | <p>n/a</p> | <p>n/a</p> | <p>X</p> |
| <p>CATEGORY OF ASSESSMENT #1 (Element 1902)</p> <p><input type="checkbox"/> Documentation <u>MUST</u> be in file</p> <p><input type="checkbox"/> N/A</p> | <p><input type="checkbox"/> Copy of Assessment Test Results</p> <p><input type="checkbox"/> Vendor Receipt for Testing</p> | <p>X</p> | <p>X</p> | <p>n/a</p> |

**WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)
TITLE I-B DATA VALIDATION PROCEDURES**

Data Validation helps ensure the accuracy of quarterly and annual performance reports, safeguards data integrity and promotes the timely resolution of data anomalies and inaccuracies.

Beginning each Program Year (July 1) a Data Validation will be conducted on ARIZONA@WORK Local Workforce Development Boards (LWDB's). Program Validators will review WIOA Title I-B Policy and Procedure Manual Section 1500, Training and Employment Guidance Letter (TEGL) 7-18 (*joint guidance*), TEGL 23-19 (*WIOA Workforce Programs*), and uploaded files into the Arizona Job Connection (AJC) System July 1 through June 30 for the identified program year, sampling quarterly.

I. PREPARING FOR THE REVIEW**Desk Review**

1. An email notification of intended monitoring dates will be sent to the LWDB.
2. An email notification will be sent two (2) days prior to desk review to provide the Director of the LWDB the sampled list for data validation.

II. SAMPLE PULLS FROM DERS WORKFORCE IT**DERS Workforce IT will provide random sample based on
Active Program Participants and Exiters**

DERS Workforce IT– Generate participant reports for each WIOA Title I-B program funding stream to identify and select active and exited participant files:

- Adult and Dislocated Worker
- In-School / Out-of-School Youth

III. REVIEW OF PROGRAM DATA VALIDATION**Review Files, Case Management Notes in AJC, Source Documentation & Complete Worksheet**

Data validation is a series of internal controls or quality assurance established to verify the accuracy, validity, and reliability of data.

- Verify that the performance data reported by grant recipients to the U.S. Department of Labor (DOL) are valid, accurate, reliable, and comparable across programs;
- Identify anomalies in the data and resolve issues that may cause inaccurate reporting;
- Outline source documentation required for common data elements; and
- Improve program performance accountability through the results of data validation efforts.

Therefore, documents uploaded into the AJC System after participants have been identified or documents in AJC that do not match will be marked as a "Fail". The document will be accepted as missing data. Validators are required to use the requirements in effect on the date when they do the validation. This will enable grantees to see where there needs to be changes in practice or additional training in order to comply with the current regulations and/or policies.

WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) TITLE I-B DATA VALIDATION PROCEDURES

IV. COMPLETING THE DATA VALIDATION MONITORING REPORT

Compiling of Data Review

The monitoring report may include the following:

1. Program errors
2. Missing Program Data
3. Out of range variances and other anomalies
4. Documentation missing and erroneous data identified during the review process
5. The error rates by local area and Program

Data Validation Monitoring Report

The monitoring worksheet will be completed by the Validator and a summary report will be issued to LWDB.

The Quality Assurance Integrity Administration (QAIA) supervisor will review the summary report within ten (10) business days. If approved, the report is returned to the validator to issue the final report to the LWDB, copying the following:

cc: QAIA Audit Manager
QAIA Audit Supervisor
LWDB Director and Chair

LWDB is provided twenty (20) business days from the date of issuance of the monitoring report to respond and upload documents in AJC to address program errors, missing data, out of range variances and other anomalies, missing source documentation and error rates by local area to complete case file for compliance.

Non-Compliance

If the LWDB does not respond within twenty (20) business days with corrected program errors, missing data, out of range variances and other anomalies and source documentation a 2nd letter is sent requesting a response within ten (10) business days. If no corrections are made, and a repeat finding is discovered during the following year, the LWDA will be reported to the Finance & Business Operations Administration (FBOA) for possible implementation of Substantial Violation, Sanctions, Decertification and Reorganization found in Policy Section 1300. A letter will be issued to the LWDB for failure to respond to the monitoring report as Non-Compliant for identified program year.

V. RECORDS

Monitoring Report Tracking

1. All Data Validation Monitoring Reports (Data Validation Worksheet, Summary of report, source documentation and participant files request) will be saved in the LWDB's respective shared folders labeled Data Validation with PY with QAIAoffice.
2. The assigned Validator will be responsible for tracking and storing the data of respective LWDB's monitoring report.
3. The QAIA Audit Supervisor will track the status of each review internally to ensure that the process meets required deadlines for the audit.

**WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)
TITLE I-B DATA VALIDATION PROCEDURES**

Federal Record Retention

1. All Monitoring Review materials will be saved in the LWDB's respective shared folders labeled Data Validation with PY with QAIA office.
2. A Data Validation Log is created and inserted in the respective participant file with the dates of actions completed.
3. All records pertaining to the monitoring review must be maintained pursuant to 29 CFR 97.42 and must be available for review by DOL, Audit Management Services, and the Auditor General's Office for federal oversight of the State's monitoring responsibilities for Arizona's LWDBs. *(Note: All records shall be maintained for a period of three (3) years).*

**WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)
TITLE I-B DATA VALIDATION PROCEDURES**

TABLE I.1
TIMING OF ACTIVE PARTICIPANTS ENROLLED IN
WIOA TITLE I-B PROGRAMS

| If Active Assignment Date is between | Record could be in Program Monitoring Sample for PY | Which is Monitored during Calendar Year |
|--------------------------------------|---|---|
| 7/1/2019 and 6/30/2020 | 2020 | 2021 |
| 7/1/2020 and 6/30/2021 | 2021 | 2022 |
| 7/1/2021 and 6/30/2022 | 2022 | 2023 |

TABLE I.2
TIMING OF PERFORMANCE DATA VALIDATION

| If Exit Date is between | Record could be in Performance Sample for PY | Which is Validated during PY |
|-------------------------|--|------------------------------|
| 4/1/2021 and 3/31/2022 | 2020 | 2021 |
| 4/1/2022 and 3/31/2023 | 2021 | 2022 |
| 4/1/2023 and 3/31/2023 | 2022 | 2023 |

TABLE I.3
WIOA PERIODS FOR REPORTING COHORTS

| Program Year 2020 (PY20) Annual Report | |
|---|------------------------|
| Report Due Date | October 1, 2021 |
| Employment Rate Second Quarter After Exit | 7/01/19 to 6/30/20 |
| Employment Rate Fourth Quarter After Exit | 1/01/19 to 12/31/19 |
| Median Earnings Second Quarter After Exit | 7/01/19 to 6/30/20 |
| Credential Attainment Rate | 1/01/19 to 12/31/19 |
| Measurable Skill Gains | 7/01/20 to 6/30/21 |

| Program Year 2021 (PY21) Annual Report | |
|---|------------------------|
| Report Due Date | October 1, 2022 |
| Employment Rate Second Quarter After Exit | 7/01/20 to 6/30/21 |
| Employment Rate Fourth Quarter After Exit | 1/01/20 to 12/31/20 |
| Median Earnings Second Quarter After Exit | 7/01/20 to 6/30/21 |
| Credential Attainment Rate | 1/01/20 to 12/31/20 |
| Measurable Skill Gains | 7/01/21 to 6/30/22 |

WIOA TITLE IB
ELIGIBILITY CHECKLIST

| CRITERIA | ACCEPTABLE VERIFICATION AND DOCUMENTATION Only one document from this column per eligibility criterion is required, unless otherwise stated.* Documentation must be collected prior to providing individualized or training services to participants in the WIOA Adult or DW program and prior to enrollment for participants in the WIOA Youth program. | YOUTH | ADULT | DW |
|---|--|--------------|--------------|-----------|
| SOCIAL SECURITY NUMBER <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A | <input type="checkbox"/> DD-214 (if name and SSN is shown) <input type="checkbox"/> Letter from social services agency (if name and SSN is shown) <input type="checkbox"/> Social Security benefits letter/notice (if name and SSN is shown) <input type="checkbox"/> Social Security card issued by SSA <input type="checkbox"/> Unemployment Insurance records(GUIDE 01 screen, wage statement) <input type="checkbox"/> Pay stub (if name and SSN is shown) <input type="checkbox"/> W-2 (if name and SSN is shown) | X | X | X |
| DATE OF BIRTH/AGE VERIFICATION <input type="checkbox"/> Documentation <u>MUST</u> be in file | <input type="checkbox"/> Baptismal record (if date of birth is shown) <input type="checkbox"/> Birth certificate <input type="checkbox"/> Certificate of Release or Discharge from Active Duty (DD-214), <input type="checkbox"/> Driver's license/state ID <input type="checkbox"/> Federal, state or local government ID card <input type="checkbox"/> Hospital record of birth <input type="checkbox"/> Passport <input type="checkbox"/> Public assistance/social service agency records (if name and DOB is shown) <input type="checkbox"/> School records/identification card (if name and DOB is shown) <input type="checkbox"/> Tribal records <input type="checkbox"/> Work permit <input type="checkbox"/> Cross match with Dept. of Vital Statistics | X | X | X |
| CITIZENSHIP OR ELIGIBLE TO WORK <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A All documents must be unexpired. | <input type="checkbox"/> Baptismal certificate that indicates birthplace <input type="checkbox"/> One verification source from List A on I-9 form (http://www.uscis.gov/sites/default/files/files/form/i-9.pdf) <input type="checkbox"/> One verification source from List B AND one verification source from List C (http://www.uscis.gov/sites/default/files/files/form/i-9.pdf) | X | X | X |
| SELECTIVE SERVICE STATUS <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A | <input type="checkbox"/> Telephone verification (1-847-688-6888) <input type="checkbox"/> DD-214 <input type="checkbox"/> Selective Service registration record (Form 3A) <input type="checkbox"/> Selective Service verification form <input type="checkbox"/> Stamped post office receipt of registration <input type="checkbox"/> Internet www.sss.gov <input type="checkbox"/> Selective Service registration card <input type="checkbox"/> Selective Service advisory opinion letter | X | X | X |

WIOA TITLE IB ELIGIBILITY CHECKLIST

| CRITERIA | ACCEPTABLE VERIFICATION AND DOCUMENTATION Only one document from this column per eligibility criterion is required, unless otherwise stated.* Documentation must be collected prior to providing individualized or training services to participants in the WIOA Adult or DW program and prior to enrollment for participants in the WIOA Youth program. | YOUTH | ADULT | DW |
|--|--|-------|-------|----|
| | <input type="checkbox"/> Exempt based on Selective Service guidance | | | |
| INDIVIDUALS WITH DISABILITIES <input type="checkbox"/> Documentation <u>MUST</u> be in file when an individual claims they have a disability. <input type="checkbox"/> N/A | <input type="checkbox"/> Letter from drug or alcohol rehabilitation agency <input type="checkbox"/> Medical records <input type="checkbox"/> Doctor's diagnosis/statement (physician, psychiatrist, or psychologist) <input type="checkbox"/> Rehabilitation evaluation <input type="checkbox"/> School records <input type="checkbox"/> Sheltered workshop certification <input type="checkbox"/> Social Security Administration disability records <input type="checkbox"/> Social service records/referral <input type="checkbox"/> Veteran's Administration letter/records <input type="checkbox"/> Vocational rehabilitation letter <input type="checkbox"/> Workers' compensation record | X | X | X |
| VETERAN STATUS OR SPOUSE OF A VETERAN <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A | <input type="checkbox"/> DD-214 <input type="checkbox"/> Cross Match with veterans data Spouse of a veteran: <input type="checkbox"/> Cross Match with veterans data <input type="checkbox"/> Military document (ID, other DD Form) indicating dependent spouse <input type="checkbox"/> Documentation (such as DD214) that indicates status of veteran that meets the requirement for "spouse of a veteran." Adults/DW/DWG exiters who received only basic career services (not individualized career or training services): <input type="checkbox"/> State MIS <input type="checkbox"/> WIOA Applicant Statement w/corroborating witness signature <input type="checkbox"/> AJC case notes | X | X | X |
| EMPLOYMENT STATUS AT PARTICIPATION <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A | <input type="checkbox"/> Pay stub <input type="checkbox"/> AJC case notes showing information collected from participant Adults/DW/DWG exiters who received only basic career services (not individualized career or training services): <input type="checkbox"/> State MIS <input type="checkbox"/> WIOA Applicant statement w/corroborating witness signature <input type="checkbox"/> AJC case notes | X | X | X |

WIOA TITLE IB ELIGIBILITY CHECKLIST

| CRITERIA | ACCEPTABLE VERIFICATION AND DOCUMENTATION Only one document from this column per eligibility criterion is required, unless otherwise stated.* Documentation must be collected prior to providing individualized or training services to participants in the WIOA Adult or DW program and prior to enrollment for participants in the WIOA Youth program. | YOUTH | ADULT | DW |
|---|--|------------|-------|----|
| UI COMPENSATION PROGRAMS <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A | <input type="checkbox"/> UI Records (GUIDE 01 screen or 07 screen, letter from administration) | X | X | X |
| PELL GRANT <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A | <input type="checkbox"/> Copy of check <input type="checkbox"/> Letter from school <input type="checkbox"/> Student aid report | X | X | X |
| HOMELESS INDIVIDUAL OR RUNAWAY YOUTH <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A | <input type="checkbox"/> Written statement from a shelter or social service agency <input type="checkbox"/> Written statement from an individual providing temporary residence <input type="checkbox"/> WIOA Applicant statement w/corroborating witness signature <input type="checkbox"/> WIOA Application (signed by applicant) | X | X | X |
| OFFENDER <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A | <input type="checkbox"/> Documentation from Juvenile or Adult Criminal Justice System <input type="checkbox"/> Documentation phone call with court representatives <input type="checkbox"/> WIOA Applicant Statement w/corroborating witness signature <input type="checkbox"/> WIOA Application (signed by applicant) | X | X | X |
| INDIVIDUAL STATUS/FAMILY SIZE <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A | <input type="checkbox"/> Court decree <input type="checkbox"/> Divorce decree <input type="checkbox"/> Disabled (Family of 1) <input type="checkbox"/> Landlord statement <input type="checkbox"/> Lease (if family size is given) <input type="checkbox"/> Native American tribal document <input type="checkbox"/> Public assistance/social service agency records <input type="checkbox"/> Public housing authority (if resident or on waiting list) <input type="checkbox"/> Written statement from publicly supported 24-hour facility <input type="checkbox"/> Most recent tax return <input type="checkbox"/> Birth Certificates <input type="checkbox"/> WIOA Applicant Statement w/corroborating witness signature | X | X | |
| INDIVIDUAL/FAMILY INCOME | <input type="checkbox"/> Alimony agreement <input type="checkbox"/> Award letter from Veterans Administration | X (when | X | |

WIOA TITLE IB ELIGIBILITY CHECKLIST

| CRITERIA | ACCEPTABLE VERIFICATION AND DOCUMENTATION Only one document from this column per eligibility criterion is required, unless otherwise stated.* Documentation must be collected prior to providing individualized or training services to participants in the WIOA Adult or DW program and prior to enrollment for participants in the WIOA Youth program. | YOUTH | ADULT | DW |
|---|--|---|-------|----|
| Validation <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A | <input type="checkbox"/> Compensation award letter <input type="checkbox"/> Court award letter <input type="checkbox"/> Employer statement/contact <input type="checkbox"/> Family or business financial records <input type="checkbox"/> Housing authority verification <input type="checkbox"/> Pay stubs <input type="checkbox"/> Pension/annuity statement <input type="checkbox"/> Public assistance records <input type="checkbox"/> Quarterly estimated tax for self-employed persons <input type="checkbox"/> Social Security benefits <input type="checkbox"/> UI records (GUIDE 07 screen printout, wage statement) <input type="checkbox"/> Bank statements <input type="checkbox"/> WIOA Applicant Statement w/ corroborating witness signature Adults exiters who received only basic career services (not individualized or training services): <input type="checkbox"/> State MIS <input type="checkbox"/> WIOA Applicant Statement w/ corroborating witness signature <input type="checkbox"/> AJC case notes | income determination is required by policy) | | |
| TEMPORARY ASSISTANCE TO NEEDY FAMILILES (TANF) <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A | <input type="checkbox"/> Cross-match with TANF public assistance records Individual applying must be listed on current grant. Adults/DW/DWG exiters who received only basic career services (not individualized career or training services): <input type="checkbox"/> State MIS <input type="checkbox"/> WIOA Applicant statement w/corroborating witness signature <input type="checkbox"/> AJC case notes | X | X | |
| OTHER PUBLIC ASSISTANCE RECIPIENT OR LOW-INCOME STATUS <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A | <i>The applicant is receiving or has received cash assistance or other support services from the following sources (items A-D) in the last six months prior to participation in the program and must be listed on current grant or show dates of eligibility for benefits or lives in a high poverty area.</i> A. General Assistance | X | X | |

WIOA TITLE IB ELIGIBILITY CHECKLIST

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|---|---|-------|-------|----|
| <p>A. General Assistance - state/local government</p> <p>B. Refugee Cash Assistance (RCA)</p> <p>C. Supplemental Nutrition Assistance Program (SNAP)</p> <p>D. Supplemental Security Income (SSI/SSA Title XVI)</p> <p>E. High-Poverty Area</p> <p>Note: Does not include foster care payments.</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Authorization to receive cash public assistance <input type="checkbox"/> Copy of public assistance check <input type="checkbox"/> Medical card showing cash grant status <input type="checkbox"/> Public assistance records/printout <input type="checkbox"/> Agency award letter <input type="checkbox"/> Cross-match with public assistance database <p>B. Refugee Cash Assistance</p> <ul style="list-style-type: none"> <input type="checkbox"/> Refugee assistance records/printout <input type="checkbox"/> Authorization to receive cash public assistance <input type="checkbox"/> Copy of public assistance check <input type="checkbox"/> Medical card showing cash grant status <input type="checkbox"/> Public assistance records/printout <input type="checkbox"/> Cross-match with public assistance database <input type="checkbox"/> Agency award letter <p>C. Nutrition Assistance (formerly Food Stamp Program)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Tribal commodity program records/printout <input type="checkbox"/> Public assistance records/printouts <input type="checkbox"/> Cross-match with public assistance database <input type="checkbox"/> Agency award letter <p>Individual applying must be listed on current grant or show dates of eligibility within previous 6 months for benefits.</p> <p>D. Supplemental Security Income</p> <ul style="list-style-type: none"> <input type="checkbox"/> Authorization to receive cash public assistance <input type="checkbox"/> Copy of public assistance check <input type="checkbox"/> Medical card showing cash grant status <input type="checkbox"/> Public assistance records/printout <input type="checkbox"/> Agency award letter <input type="checkbox"/> Cross-match with public assistance database <p>Adults/DW/DWG exiters who received only basic career services (not individualized)</p> | | | |

WIOA TITLE IB ELIGIBILITY CHECKLIST

| CRITERIA | ACCEPTABLE VERIFICATION AND DOCUMENTATION Only one document from this column per eligibility criterion is required, unless otherwise stated.* Documentation must be collected prior to providing individualized or training services to participants in the WIOA Adult or DW program and prior to enrollment for participants in the WIOA Youth program. | YOUTH | ADULT | DW |
|--|---|-------|-------|----|
| | <p>career or training services):</p> <ul style="list-style-type: none"> <input type="checkbox"/> State MIS <input type="checkbox"/> WIOA Applicant Statement w/corroborating witness signature <input type="checkbox"/> AJC case notes <p>E. High-Poverty Area (for individuals in WIOA Youth program)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Printout from U.S. Census Bureau using the youth's address at http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?ref=addr&refresh=t | | | |
| <p>PREGNANT OR PARENTING YOUTH</p> <ul style="list-style-type: none"> <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A | <ul style="list-style-type: none"> <input type="checkbox"/> Child's baptismal record <input type="checkbox"/> Case notes regarding observable condition <input type="checkbox"/> Child's birth certificate <input type="checkbox"/> Doctor's note confirming pregnancy <input type="checkbox"/> WIOA Applicant Statement w/corroborating witness signature | X | | |
| <p>YOUTH WHO NEED ADDITIONAL ASSISTANCE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A | <ul style="list-style-type: none"> <input type="checkbox"/> Case notes <input type="checkbox"/> Individual Service Strategy <input type="checkbox"/> See LWDA policy and plan <input type="checkbox"/> State MIS <input type="checkbox"/> WIOA Applicant Statement w/corroborating witness signature <input type="checkbox"/> WIOA Application (signed by applicant) | X | | |
| <p>YOUTH IN FOSTER CARE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A | <ul style="list-style-type: none"> <input type="checkbox"/> Court Records <input type="checkbox"/> Letter from group home <input type="checkbox"/> Arizona Department of Child Safety records <input type="checkbox"/> Telephone Verification <input type="checkbox"/> Verification of payments made on behalf of the child <input type="checkbox"/> WIOA Applicant Statement w/corroborating witness signature | X | | |
| <p>EDUCATION STATUS AT TIME OF PARTICIPATION</p> <ul style="list-style-type: none"> <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A | <p><u>Enrolled at time of participation</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> School transcripts <input type="checkbox"/> Attendance records <input type="checkbox"/> School documentation <p><u>Out of School at time of participation</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> High School Equivalency (HSE) diploma | X | | |

WIOA TITLE IB ELIGIBILITY CHECKLIST

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|---|--|-------|-------|----|
| | <input type="checkbox"/> High School diploma <input type="checkbox"/> Dropout letter <input type="checkbox"/> WIOA Applicant Statement w/corroborating witness signature <input type="checkbox"/> WIOA Application (signed by applicant) <input type="checkbox"/> State MIS | | | |
| BASIC SKILLS DEFICIENCY <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A | <input type="checkbox"/> School records <input type="checkbox"/> TABE 9/10 Adult who received only basic career services (not individualized career or training services): <input type="checkbox"/> State MIS <input type="checkbox"/> WIOA Applicant statement w/corroborating witness signature <input type="checkbox"/> AJC case notes | X | X | |
| ENGLISH LANGUAGE LEARNER <input type="checkbox"/> Documentation <u>MUST</u> be in file N/A | <input type="checkbox"/> School records <input type="checkbox"/> TABE CLAS-E <input type="checkbox"/> AJC Case notes | X | X | |
| DISLOCATED WORKER (CATEGORY I)* <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A A. An individual, including recently separated U.S. veterans within 48 months after discharge or release from active duty, who has been terminated or laid off, or has received a notice of | <i>*One document each from item A, A (1) or A (2), AND A (3) is required.</i> <input type="checkbox"/> A <input type="checkbox"/> DD-214 <input type="checkbox"/> National Guard Report of Separation and Record of Service (NGB22) <input type="checkbox"/> Military orders <input type="checkbox"/> Veterans Administration letter or records <input type="checkbox"/> Worker Adjustment and Retraining Notification Act (WARN) notice <input type="checkbox"/> Photocopy of a printed media article announcing layoff and must include the name of the media source and date of publication <input type="checkbox"/> Employer or union representative letter or statement <input type="checkbox"/> WIOA Applicant Statement | | | X |

WIOA TITLE IB ELIGIBILITY CHECKLIST

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|--|--|-------|-------|----|
| <p>termination or layoff from employment; AND</p> <p>1. Is eligible for or has exhausted entitlement to Unemployment Insurance (UI) compensation, OR</p> <p>2. Has been employed for a duration sufficient to demonstrate attachment to the workforce (determined on a case-by-case basis by the LWDA), but is not eligible for unemployment compensation due to insufficient earning or having performed services for an employer that was not covered under state unemployment compensation law; AND</p> <p>3. Is unlikely to return to a previous industry or occupation.</p> | <p><u>A (1) or A (2)</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> UI records, including continued claim form (GUIDE 07 screen) <input type="checkbox"/> Verification of UI eligibility by UI office <input type="checkbox"/> DD-214 <input type="checkbox"/> National Guard Report of Separation and Record of Service (NGB22) <input type="checkbox"/> Military orders <input type="checkbox"/> Pay check stubs <input type="checkbox"/> W-2 and/or tax returns <input type="checkbox"/> Statement by the employer or union representative <input type="checkbox"/> WIOA Applicant Statement <p><u>A (3)</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Labor market information that shows zero or negative growth rate for the industry or occupation <input type="checkbox"/> Employment Service confirms that in the previous sixty days there was a lack of job order for the occupation to qualified job seekers <input type="checkbox"/> The local Chamber of Commerce, Economic Development representative, or other credible sources of regional economic information confirms that occupation or industry has shown a significant employment decline in the local labor marker area <input type="checkbox"/> Notice that a plant closure or substantial layoff, within the labor market area in the same industry or occupation, has occurred in the last six months <input type="checkbox"/> WIOA Applicant Statement, stating that the individual has been actively seeking, but unable to find employment in their previous industry or occupation for a period of ninety days or more <input type="checkbox"/> DD-214, showing the individual was “separated” from active military duty under conditions other than dishonorable <input type="checkbox"/> Documentation from an employer or WIOA Applicant Statement stating the individual was laid off from their job due to lack of certification for the job from which they were laid off. | | | |
| <p>DISLOCATED WORKER (CATEGORY II)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A | <ul style="list-style-type: none"> <input type="checkbox"/> Photocopy of a printed media article announcing layoff and must include the name of the media source and date of publication <input type="checkbox"/> Employer or union representative statement <input type="checkbox"/> Worker Adjustment and Retraining Notification Act (WARN) notice <input type="checkbox"/> Verification from employer <input type="checkbox"/> WIOA Applicant Statement w/corroborating witness signature | | | X |

WIOA TITLE IB ELIGIBILITY CHECKLIST

| CRITERIA | ACCEPTABLE VERIFICATION AND DOCUMENTATION Only one document from this column per eligibility criterion is required, unless otherwise stated.* Documentation must be collected prior to providing individualized or training services to participants in the WIOA Adult or DW program and prior to enrollment for participants in the WIOA Youth program. | YOUTH | ADULT | DW |
|---|--|-------|-------|----|
| 1. Has been terminated or laid off, or has received a notice of termination or layoff from employment as a result of any permanent closure of, or any substantial layoff at, a plant, facility, or enterprise; or 2. Is employed at a facility at which the employer has made a general announcement that such facility will close within 180 days; or 3. For purposes of eligibility to receive services other than training services, career services, or supportive services, is employed at a facility at which the employer has made a general announcement that such facility will close. | | | | |
| DISLOCATED WORKER (CATEGORY III) <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A An individual who was self-employed (including employment as a farmer, rancher, or fisherman) but is unemployed as a result of general economic conditions in the community in which the individual resides or because of natural | <input type="checkbox"/> Bankruptcy documents listing both the name of the business and applicant's name <input type="checkbox"/> Business license <input type="checkbox"/> Completed Federal Income Tax Return (Schedule SE) for the most recent tax year <input type="checkbox"/> Photocopy of a printed media article announcing layoff and must include the name of the media source and date of publication <input type="checkbox"/> Copy of Articles of Incorporation for the business listing the applicant as a principal <input type="checkbox"/> WIOA Applicant Statement | | | X |

WIOA TITLE IB ELIGIBILITY CHECKLIST

| CRITERIA | ACCEPTABLE VERIFICATION AND DOCUMENTATION Only one document from this column per eligibility criterion is required, unless otherwise stated.* Documentation must be collected prior to providing individualized or training services to participants in the WIOA Adult or DW program and prior to enrollment for participants in the WIOA Youth program. | YOUTH | ADULT | DW |
|--|--|-------|-------|----|
| disasters. | | | | |
| <p>DISLOCATED WORKER (CATEGORY IV)</p> <p><input type="checkbox"/> Documentation <u>MUST</u> be in file</p> <p><input type="checkbox"/> N/A</p> <p>An individual is a displaced homemaker (see definition of displaced homemaker at WIOA Section 3 (16).</p> | <p><input type="checkbox"/> Bank records</p> <p><input type="checkbox"/> Court records</p> <p><input type="checkbox"/> Divorce decree</p> <p><input type="checkbox"/> Public assistance records/printout</p> <p><input type="checkbox"/> Spouse's layoff notice</p> <p><input type="checkbox"/> Spouse's death certificate</p> <p><input type="checkbox"/> WIOA Applicant Statement w/corroborating witness signature</p> <p>DW/DWG exiters who received only basic career services (not individualized career or training services):</p> <p><input type="checkbox"/> State MIS</p> <p><input type="checkbox"/> WIOA Applicant Statement w/corroborating witness signature</p> <p><input type="checkbox"/> AJC Case Notes</p> | | | X |